DOCUMENT RESUME

ED 395 129 CE 070 951

AUTHOR	Gall, Mary Louise; And Others
TITLE	Use of Authentic Assessment with ABE Students.
INSTITUTION	Northwest Tri-County Intermediate Unit, Edinboro, Pa.
SPONS AGENCY	Pennsylvania State Dept. of Education, Harrisburg. Bureau of Adult Basic and Literacy Education.
PUB DATE	95
CONTRACT	98-5006
NOTE	113p.
PUB TYPE	Reports - Descriptive (141) -- Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Adult Basic Education; Adult Students; *Basic Skills; *Daily Living Skills; Evaluation Methods; Material Development; Program Development; *Student Evaluation
IDENTIFIERS	353 Project; *Authentic Assessment

ABSTRACT

This report describes a project that developed a formal process and the accompanying instruments for authentic assessment of the academic and life skills of adult basic education (ABE) students. The assessment was used to assess the skills of 50 ABE students. The students and teacher evaluated the work that was done, the results were compiled, a master checklist was created, and the findings were analyzed. Results were compiled on a master spreadsheet with reference to the average measured skill level for each student and the average measured skill level for each measured task. The measurement worked better with the learners at a lower academic skill level, although many higher-level students found some tasks challenging. The 11-page report is followed by the assessment, including a complete table of contents, checklists, and all items necessary to complete the assessment. Tasks include the following: personal information; counting money and making change; voter registration; income tax forms; alphabetizing; calendar; using maps; map reading; informal notes, friendly letters, and business letters; postage; employment applications; shopping; medical history; application for social security card; telephone skills; catalog order; time sheet; measurement; and newspaper. A 21-item bibliography is appended. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Use of Authentic Assessment with ABE Students

ED 395 129

Mary Louise Gall, Instructor
Patricia Gall, Volunteer
Ethel Fairchild, Senior Aide
Corry Adult Education Program
Northwest Tri-County Intermediate Unit
221 North Center Street
Corry, Pennsylvania 16407
(814) 663-0303

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Dr. Richard C. Gacka, Director
Adult Education Program
Northwest Tri-County Intermediate Unit
252 Waterford Street
Edinboro, Pennsylvania 16412
(814) 734-5610

A Section 353 Project of the Pennsylvania Department of Education,
Bureau of Adult Basic and Literacy Education

Project # 98-5006, 1994-95

$5,045

CE 070 351

"The activity which is the subject of this report was supported in part by the U.S. Department of Education. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education or the Pennsylvania Department of Education, and no official endorsement by these agencies should be inferred."

BEST COPY AVAILABLE

Abstract Page

Title: Use of Authentic Assessment with ABE Students

Project No.: 98-5006 Funding: $5,045

Project Director: Dr. Richard C. Gacka Phone No.: (814) 734-5610

Contact Person: Mary Louise Gall Phone No.: (814) 663-0303

Agency Address: Northwest Tri-County Intermediate Unit
252 Waterford Street
Edinboro PA 16412

Purpose:
The purpose of this project was to develop a formal process and the accompanying instruments for "authentic assessment" of the academic and life skills of individuals who are classified as ABE level students.

Procedures:
An authentic assessment was developed and used to assess the skill level of 50 ABE level students attending PDE-funded classes operated by the Northwest Tri-County Intermediate Unit Adult Education Program. The student and teacher evaluated the work that was done, the results were compiled, a master check list was created, and the findings were analyzed.

Summary of Findings:
The results were compiled on a master spreadsheet with reference to the average measured skill level for each student and the average measured skill level for each measured task. The student's attitude toward some of the tasks required had an impact on the outcome level of the task. For example, some of the same information is requested on an income tax form as on the personal information form, but many students performed at a lower skill level on the tax form. The assessment serves as an alternative to standardized testing. It demonstrates competency in the task area. The assessment can be used to measure progress by ABE student and to provide the student with a sense of accomplishment and participation. The non-reader can be evaluated with a non-threatening measure. This measurement worked better with the lower academic skill level student, although many of the higher skill level students found some of the tasks challenging.

Comments (Conclusions, Findings, Barriers, if any):
The task lists that were developed and used in the assessment of the students in this study were very time consuming in the method that was used to administer the assessment. Most of the task lists were divided into three levels to be assessed. A better system would have been to combine the task lists into a single list for each of the areas to be assessed and a level assigned by a numerical score. The students enjoyed the *reality* of the tasks to be accomplished. In one instance, a letter was written, mailed, and a follow-up telephone call was used to express concern in a local school matter.

Products (if applicable):
A refined checklist assessment has been developed and will be made available.

Descriptors(To be Completed by Bureau staff):

Table of Contents

Section 1
Report i
This section contains the necessary reports and supporting documentation explaining the assessment project.

Section 2
Authentic Assessment 1
This section contains the assessment including a complete table of contents, checklists, and all items necessary to complete the assessment.

Section 3
Appendix 84
This section contains the scoring rubrics and suggestions for tasks to complete the checklists.

Section 4
Bibliography 90
This section contains the sources of information and suggested reading on the authentic assessment process..

Report

Use of Authentic Assessment with ABE Students

Background

An education assessment of the adult basic education student may be performed for many reasons and may consist of many diverse procedures. An important phase of any assessment is when results are reported and used to make decisions concerning the student. Assessing the adult student must be individualized, and the teachers must have adequate information to meet the needs of the student.

Educators of adult students are usually accountable for the ongoing evaluation of learning; they need to monitor the student's progress frequently and with less time and expense than standardized tests.

Formal assessment procedures usually are standardized and yield many different kinds of scores, which provide information about student's in comparison to other students. Commonly used tests stress routine, repetitive, rote tasks that rarely provide flexibility for students to display the range of their knowledge of abilities. Informal assessments are less structured than standardized assessments. While informal assessments lack the kinds of scores yielded by the standardized tests, their results are relevant to instruction. The authentic assessment observes the student actually performing a task and uses a checklist of tasks performed. These checklists can gather information not readily found with other techniques. The authentic assessment serves as a valid alternative to standardized testing and demonstrates competency in a given skill. Wiggins states that the

purpose of education is to aid the student in becoming an active intellectual performer and not a passive selector of pat answers (Wiggins, 1993).

According to Grant Wiggins, assessment is authentic when we directly examine student performance on worthy intellectual tasks and traditional assessment, by contrast, relies on proxy *items* - efficient, simplistic substitutes from which we think valid inferences can be made about the student's performance at those valued challenges. Wiggins continues by stating that authentic assessment is labor intensive, time-consuming, and expensive. To clarify the difference between performance assessment and authentic assessment, ask who has the center of control. In authentic assessment the student not only completes the desired behavior, but also does it in real life context. The student determines the time allotted, the pacing, and the conditions under which the examples are generated.

Technology can be employed by both the student and teacher to improve performance and instruction. It can provide the means for students to reflect on authentic tasks that will be part of their life. Teachers and tutors can enhance their instruction and lessen their workload by taking advantage of the capabilities of different technologies.

Because adult students have varied backgrounds and reasons for attending the adult education program, it is necessary to be able to have a standard to measure each student. The formal or standardized procedure is often not an adequate performance measure for the 0-4 and 5-8 level adult student. The purpose of the assessment portion of this program is to provide the teacher and/or tutor with an accurate

tool to measure the progress and competency in a given area of the curriculum.

The purpose of the authentic assessment is to provide a basis of measuring the student using strengths and weaknesses in his/her own classroom environment. The assessment does not give a grade level, but it is used to evaluate the student's progress as the tasks are mastered and than measured at later time. After the second assessment is given, an evaluation of progress can be made. The purpose of this project was to develop a formal process and the accompanying instruments for "authentic assessment" of the academic and life skills of individuals who were enrolled in ABE level classrooms. Through the use of the assessments checklist students demonstrated their ability to apply classroom skills to real life situations.

Target Audience

The target audience is the potential users of the assessment checklists including instructors, tutors, and administrators in ABE classes and programs. The instrument is designed to be used with ABE students.

Objectives

The objectives of the program were 1) to research the use of "authentic assessment" and "portfolio development" and present at the PAACE Midwinter Conference, 2) to develop behavioral rating forms in the use of basic skills to solve real life problems, and 3) to administer the assessments to a minimum of 50 clients enrolled in PDE-funded ABE classes and profile the results in terms of an item analysis of skill mastery of the sample of the ABE population.

The evaluation of the assessment is valuable to students, teachers, and tutors in many ways. Evaluations are valuable to the student because they:

- Encourage student consideration on his/her learning;
- Improve self-respect by focusing on accomplishments;
- Supply documentation of past efforts for future reference;
- Focus on individual progress.

Evaluations are valuable to teachers/tutors because they:

- Provide opportunities to talk with the student about his/her academic progress;
- Aid in instructional planning.

Research

The use of authentic assessment was researched through the facilities of ERIC, Edinboro University library, and the Western Pennsylvania Adult Literacy Resource Center. The materials were reviewed and the construction of the assessment began.

Procedure

The task check lists were developed and revised during 1994-95 program year and administered to the 50 individual students by teachers, volunteers, and tutors. Not all tasks were completed by all students, but the majority of the students completed most of the tasks during the program year.

The administration of the assessment to students took place over the course of the 1994-95 program year. The assessment process took place in the hours that the students were in attendance for classes and was completed in many different sessions during the year.

A session on the progress of the authentic assessment project was presented at the PAACE Mid-Winter Conference. A discussion of the meaning of an authentic assessment, an update on the development of the tasks and checklists, and suggestions for administering the assessment was held. The attendees gave many suggestions for use in the assessment process.

Evaluation

After administering the assessment to the students by the teachers, tutors, and volunteers, an evaluation of the use of the task lists developed for each task at a given level was cumbersome and difficult to use. , A revised edition was developed with a score of 0 - 3 instead of the original three different level check lists. The single level task list that was used consisted of the assignment of 0 - task too difficult or not understood, 1 - task was read and explained to student, 2 - student was given aid in the reading and explanation of the task, and 3- the student completed the task unaided. The revised edition of the checklist consists of a single checklist for each of the assigned tasks. The rubric for scoring consists of a blank for task not assessed; 0) student could not do the task, or the task was too complicated; 1) task was accomplished with much assistance and prompting; 2) the task was accomplished with very little assistance or prompting; and 3) task was accomplished with no assistance. A comments section is provided for us by the assessor.

The assessors using the authentic assessment found that the use of an instrument that placed a value on the student's task was beneficial to both the teacher and student. During the authentic assessment, teachers and students may check to see if expected

challenges and goals are met through the examination of the student's performance. The evaluation of the assessments presented to the student must be a careful judging of the quality and range of achievement. Only with the comparison of assessments can progress be measured.

Task	1	2	3	4	5	6	7	8	9	10	11
Alphabetizing: Order alphabet	3	3	3	2	1	3	3	3	3	3	3
Alphabetizing: Order file Cards by first letter	3	3	3	2	0	3	3	3	3	3	3
Alphabetizing: Order file cards by name	3	3	3	0	0	3	3	3	3	3	3
Calendar: Assign numbers to Months	2	3	3	1	0	3	2	2	3	3	3
Calendar: Locate Months and Days of the Week on Calendar	2	3	3	1	1	3	2	2	3	3	3
Calendar: Name and Locate Holidays	2	3	3	1	1	3	2	2	3	3	3
Calendar: Name Months and Days of the Week Without aid of Calendar	2	3	3	1	0	3	2	2	3	3	3
Calendar: Order Months and Days of the Week Without aid of Calendar	2	3	3	1	0	3	2	2	3	3	3
Calendar: Recognize Months and Days of the Week on Calendar	2	3	3	1	1	3	2	2	3	3	3
Calendar: Write Months and Days of the Week Without aid of Calendar	2	3	3	1	1	3	2	2	3	3	3
Catalog Shopping: Order Compute Prices	2	2		0	0	3	1	1	2	2	2
Catalog Shopping: Order Using Catalog	2	2		0	0	3	1	1	2	2	2
Catalog Shopping: Telephone Order	2	2		0	0	3	1	1	2	2	2
Employment Application: Completion	2	2	3	0	0	3	2	2	2	2	2
Map Reading: Locate Map Code	2	2	3	1	1	2	2	1	2	2	3
Map Reading: Locate Map Index	2	2	3	1	1	2	2	1	2	2	3
Map Reading: Locate Mileage Chart	2	2	3	1	1	2	2	1	2	2	3
Map Reading: Use Map Code	2	2	3	0	0	2	2	0	2	2	3
Map Reading: Use Map Index	2	2	3	0	0	2	2	0	2	2	3
Map Reading: Use Map Mileage Chart to Compute Distances	2	2	3	0	0	2	0	0	0	2	3
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost	0	0	3	0	0	2	0	0	0	0	
Map Reading: Use Mileage Chart	2	2	3	0	0	2	0	0	0	2	3
Measurement: Capacity	1	2	3	0	0	3	2	0	2	2	3
Measurement: Compute Area	1	2	3	0	0	3	2	0	2	2	3
Measurement: Compute Perimeter	1	2	3	0	0	3	2	0	2	2	3
Measurement: Length	1	2	3	0	0	3	2	1	3	3	3
Measurement: Weight	1	2	3	0	0	3	2	1	3	3	3
Medical History: Personal Medical History	2	2	3	0	0	3	1	1	2	2	2
Money: Count & Recognize	3	3	3	2	1	3	2	3	3	3	3
Money: Make Change	3	3	3	2	1	3	2	3	3	3	3
Money: Make Purchase with Change	3	3	3	2	0	3	2	3	3	3	3
Newspapers: Locates Various Sections	2	3	3	1	1	3	2	2	3	2	3
Newspapers:	2	3	3	1	1	3	2	2	3	2	3
Personal History Form	3	3	3	2	2	3	2	3	3	3	3
Postal: Folds and Inserts Letters	2	3	3	1	1	3	3	2	3	3	3
Postal: Weighs on Scales & Records	2	3	3	2	1	3	3	2	3	3	3
Postal: Computes Postage	2	3	3	2	0	3	3	2	3	3	3
Shopping: Advertisement	3	3	3	1	1	3	1	1	2	2	3
Shopping: Compute Prices	3	3	3	1	1	3	1	1	2	2	3
Shopping: Use of Coupons	3	3	3	1	0	3	1	1	2	2	3
Social Security: Card Application	2	3	3	2	1	3	1	2	3	3	3
Taxes: 1040A	0	0	3	0	0	0	0	0	0	0	3
Taxes: Earned Income Credit	2	2	3	0	0	2	0	0	2	2	3
Taxes: Filing Requirement	2	2	3	1	0	2	1	1	2	2	3
Taxes: Form	2	2	3	1	0	2	1	1	2	2	3
Taxes: Use of Table	2	2	3	0	0	2	0	0	2	2	3
Taxes:1040EZ	2	2	3	0	0	2	0	0	2	2	3
Telephone: Message Taking	2	3	3	1	1	3	2	2	3	2	3
Telephone: Simple Usage of Telephone	2	3	3	1	1	3	2	2	3	2	3
Telephone: Use Telephone Directory	2	3	3	0	0	3	2	2	3	2	3
Time Card: Completion	2	3	3	0	0	3	2	2	3	2	3
Time Card: Computation	2	2	3	0	0	3	2	2	3	3	3
Time Card: Digital Time Telling	2	3	3	0	1	3	2	2	3	3	3
Voter Registration Form	3	3	3	2	1	3	2	2	3	3	3
Writing: Address Envelope	3	3	3	1	1	3	2	3	3	3	3
Writing: Recognizes & prints alphabet	3	3	3	2	1	3	2	3	3	3	3
Writing: Recognizes & writes cursive	3	3	3	2	1	3	2	3	3	3	3
Writing: Write Business Letter		3	3	0	0	3	0	3	3	0	0
Writing: Write Friendly Letter	2	3	3	0	0	3	2	3	3	2	0
Writing: Write Informal Note/Excuse	2	3	3	0	0	3	2	3	3	2	3
Count	59	60	57	60	60	60	60	60	60	60	59
total	123	151	171	45	26	164	100	95	147	140	166
Average	2.08	2.52	3.00	0.75	0.43	2.73	1.67	1.58	2.45	2.33	2.81

BEST COPY AVAILABLE

Task	12	13	14	15	16	17	18	19	20	21	22
Alphabetizing: Order alphabet	3	3	3	3	3	3	3	3	3	3	3
Alphabetizing: Order file Cards by first letter	3	3	3	3	3	3	3	3	3	3	3
Alphabetizing: Order file cards by name	3	3	3	3	3	3	3	3	3	3	3
Calendar: Assign numbers to Months	3	3	3	3	3	3	3	3	3	3	3
Calendar: Locate Months and Days of the Week on Calendar	3	3	3	3	3	3	3	3	3	3	3
Calendar: Name and Locate Holidays	3	3	3	3	3	3	3	3	3	3	3
Calendar: Name Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	3	3	3	3	3
Calendar: Order Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	3	3	3	3	3
Calendar: Recognize Months and Days of the Week on Calendar	3	3	3	3	3	3	3	3	3	3	3
Calendar: Write Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	3	3	3	3	3
Catalog Shopping: Order Compute Prices	2	3	3	3	3	2	2	2	2	3	2
Catalog Shopping: Order Using Catalog	2	3	3	3	3	2	2	2	2	3	2
Catalog Shopping: Telephone Order	2	3	3	3	3	2	2	0	2	3	2
Employment Application: Completion	3	3	3	3	3	3	3	2	2	3	2
Map Reading: Locate Map Code	3	3	3	3	3	3	3	2	2	3	1
Map Reading: Locate Map Index	3	3	3	3	3	3	3	2	2	3	1
Map Reading: Locate Mileage Chart	3	3	3	3	3	3	3	2	2	3	1
Map Reading: Use Map Code	3	3	3	3	3	3	3	2	2	3	0
Map Reading: Use Map Index	3	3	3	3	3	3	3	2	2	3	0
Map Reading: Use Map Mileage Chart to Compute Distances	3	3	3	3	3	3	3	0	0	3	0
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost	2	3	2	3	3	2	2	0	0	3	0
Map Reading: Use Mileage Chart	3	3	3	3	3	3	3	0	2		0
Measurement: Capacity	3	3	3	3	3	3	3	1	2		2
Measurement: Compute Area	3	3	2	3	3	2	2	1	2		2
Measurement: Compute Perimeter	3	3	2	3	3	2	3	1	2		2
Measurement: Length	3	3	3	3	3	3	3	1	2		3
Measurement: Weight	3	3	3	3	3	3	3	1	2		3
Medical History: Personal Medical History	3	3	3	3	3	3	2	2	2	3	2
Money: Count & Recognize	3	3	3	3	3	3	3	3	3	3	3
Money: Make Change	3	3	3	3	3	3	3	3	3	3	3
Money: Make Purchase with Change	3	3	3	3	3	3	3	3	3	3	3
Newspapers: Locates Various Sections	3	3	3	3	3	3	3	2	2	3	2
Newspapers:	3	3	3	3	3	3	3	2	2	3	2
Personal History Form	3	3	3	3	3	3	3	3	3	3	3
Postal: Folds and Inserts Letters	3	3	3	3	3	3	3	2	3		3
Postal: Weighs on Scales & Records	3	3	3	3	3	3	3	2	3		2
Postal: Computes Postage	3	3	3	3	3	3	3	2	3		2
Shopping: Advertisement	3	3	3	3	3	2	2	2	2	3	2
Shopping: Compute Prices	3	3	3	3	3	2	2	2	2	3	2
Shopping: Use of Coupons	3	3	3	3	3	2	2	2	2	3	2
Social Security: Card Application	3	3	3	3	3	3	3	2	2	3	2
Taxes: 1040A	3	3	2	3	3	2	0	0	0	3	0
Taxes: Earned Income Credit	3	3	3	3	3	2	2	2	2	3	0
Taxes: Filing Requirement	3	3	3	3	3	2	2	2	2	3	1
Taxes: Form	3	3	3	3	3	2	2	2	2	3	1
Taxes: Use of Table	3	3	3	3	3	2	2	2	2	3	0
Taxes:1040EZ	3	3	3	3	3	2	2	2	2	3	0
Telephone: Message Taking	3	3	3	3	3	2	2	2	2	3	2
Telephone: Simple Usage of Telephone	3	3	3	3	3	2	2	2	2	3	2
Telephone: Use Telephone Directory	3	3	3	3	3	2	2	2	2	3	2
Time Card: Completion	3	3	3	3	3	3	3	2	3		3
Time Card: Computation	3	3	3	3	3	3	3	2	3		2
Time Card: Digital Time Telling	3	3	3	3	3	3	3	2	3		3
Voter Registration Form	3	3	3	3	3	3	3	2	2	3	3
Writing: Address Envelope	3	3	3	3	3	3	3	1	3	3	3
Writing: Recognizes & prints alphabet	3	3	3	3	3	3	3	3	3	3	3
Writing: Recognizes & writes cursive	3	3	3	3	3	3	3	3	3	3	3
Writing: Write Business Letter	3	3	3	3	3	0	0	0	0	3	2
Writing: Write Friendly Letter	3	3	3	3	3	2	3	0	2	3	2
Writing: Write Informal Note/Excuse	3	3	3	3	3	2	3	1	2	3	3
Count	60	60	60	60	60	60	60	60	60	48	60
total	176	180	176	180	180	157	157	115	135	144	121
Average	2.93	3.00	2.93	3.00	3.00	2.62	2.62	1.92	2.25	3.00	2.02

BEST COPY AVAILABLE

Task	23	24	25	26	27	28	29	30	31	32	33
Alphabetizing: Order alphabet	3	3	2	3	3	1	3	3	3	3	3
Alphabetizing: Order file Cards by first letter	3	3	2	3	3	0	3	3	3	3	3
Alphabetizing: Order file cards by name	3	3	2	3	3	0	3	3	3	3	2
Calendar: Assign numbers to Months	1	2	0	0	3	0	3	3	3	3	2
Calendar: Locate Months and Days of the Week on Calendar	1	2	1	2	3	2	3	3	3	3	3
Calendar: Name and Locate Holidays	1	2	0	2	3	2	3	3	3	3	3
Calendar: Name Months and Days of the Week Without aid of Calendar	1	2	0	2	3	0	3	3	3	3	3
Calendar: Order Months and Days of the Week Without aid of Calendar	0	0	0	2	3	0	3	3	3	3	3
Calendar: Recognize Months and Days of the Week on Calendar	1	2	1	2	3	2	3	3	3	3	3
Calendar: Write Months and Days of the Week Without aid of Calendar	0	0	0	2	3	0	3	3	3	2	2
Catalog Shopping: Order Compute Prices	1	0	0	2	3	2		3	2	2	2
Catalog Shopping: Order Using Catalog	1	1	1	2	3	2		3	2	2	2
Catalog Shopping: Telephone Order	0	0	0	2	3	2		3	2	2	2
Employment Application: Completion	1	2	1	2	3	1	2	3	2	2	2
Map Reading: Locate Map Code	1	1	1	2	2	1	2	3	2	2	1
Map Reading: Locate Map Index	1	1	1	2	2	1	2	3	2	2	1
Map Reading: Locate Mileage Chart	1	1	1	2	2	1	2	3	2	2	1
Map Reading: Use Map Code	0	2	0	2	2	0	2	3	2	2	0
Map Reading: Use Map Index	0	0	0	2	2	0	2	3	2	2	0
Map Reading: Use Map Mileage Chart to Compute Distances	0	0	0	2	2	0	2	3	2	2	0
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost	0	0	0	0	2	0	0	3	0	0	0
Map Reading: Use Mileage Chart	0	0	0	2	2	0	2	3	2	2	0
Measurement: Capacity	1	0	0	0		0		3	2	2	2
Measurement: Compute Area	0	0	0	0		0		3	2	2	0
Measurement: Compute Perimeter	0	0	0	0		0		3	2	2	2
Measurement: Length	1	0	0	0		0		3	3	2	3
Measurement: Weight	1	0	0	0		0		3	3	2	3
Medical History: Personal Medical History	1	1	1	2	3	1	2	3	2	2	2
Money: Count & Recognize	3	2	2	3	3	2	3	3	3	2	3
Money: Make Change	2	2	2	2	3	2	3	3	3	2	3
Money: Make Purchase with Change	1	2	2	2	3	2	2	3	2	2	2
Newspapers: Locates Various Sections	2	2	2	2	3	1	3	3	2	3	2
Newspapers:	2	2	2	2	3	1	3	3	2	3	2
Personal History Form	2	3	3	3	3	2	3	3	3	3	3
Postal: Folds and Inserts Letters	2		1	0		1		3		3	2
Postal: Weighs on Scales & Records	2		0	0		0		3		3	2
Postal: Computes Postage	2		0	0		0		3		3	2
Shopping: Advertisement	1	1	1	1	3	1	2	3	2	3	2
Shopping: Compute Prices	1	1	1	1	3	1	2	3	2	3	2
Shopping: Use of Coupons	1	0	1	1	3	1	2	3	2	3	2
Social Security: Card Application	1	2	2	2	3	1	2	3	2	2	2
Taxes: 1040A	0	0	0	0	3	0	0	3	0	0	0
Taxes: Earned Income Credit	0	0	0	0	3	0	2	3	2	2	0
Taxes: Filing Requirement	1	1	1	1	3	1	2	3	2	2	1
Taxes: Form	1	0	1	1	3	1	2	3	2	2	1
Taxes: Use of Table	0	0	0	0	3	0	2	3	2	2	0
Taxes:1040EZ	0	0	0	0	3	0	2	3	2	2	0
Telephone: Message Taking	1	1	2	2	3	2	3	3	3	2	2
Telephone: Simple Usage of Telephone	1	1	2	2	3	2	3	3	3	2	2
Telephone: Use Telephone Directory	1	1	0	2	3	1	2	3	3	2	2
Time Card: Completion	2	0	0			0		3		3	2
Time Card: Computation	2	0	0			0		3		3	2
Time Card: Digital Time Telling	2	0	0			0		3		3	2
Voter Registration Form	1	2	2	2	3	2	2	3	2	3	2
Writing: Address Envelope	2	1	1	2	3	1	3	3		3	2
Writing: Recognizes & prints alphabet	3	3	1	3	3	1	3	3	3	3	3
Writing: Recognizes & writes cursive	3	3	1	3	3	1	3	3	3	3	3
Writing: Write Business Letter	0	0	0	0	3	0	0	3		3	0
Writing: Write Friendly Letter	2	2	0	2	3	0	3	3		3	2
Writing: Write Informal Note/Excuse	2	2	0	2	3	1	3	3		3	2
Count	60	57	60	57	49	60	46	60	50	60	60
total	70	62	44	86	139	46	108	180	116	144	107
Average	1.17	1.09	0.73	1.51	2.84	0.77	2.35	3.00	2.32	2.40	1.78

Task	34	35	36	37	38	39	40	41	42	43	44
Alphabetizing: Order alphabet	3	3	3	3	3	3	3	3	3	3	3
Alphabetizing: Order file Cards by first letter	3	3	3	3	3	3	3	3	3	3	3
Alphabetizing: Order file cards by name	3	3	3	3	3	3	3	3	3	3	3
Calendar: Assign numbers to Months	2	3	3	2	2	2	3	3	3	3	3
Calendar: Locate Months and Days of the Week on Calendar	2	3	3	2	2	2	3	3	3	3	3
Calendar: Name and Locate Holidays	2	3	3	2	2	2	3	3	3	3	3
Calendar: Name Months and Days of the Week Without aid of Calendar	2	3	3	2	2	2	3	3	3	3	3
Calendar: Order Months and Days of the Week Without aid of Calendar	2	3	3	2	2	2	3	3	3	3	3
Calendar: Recognize Months and Days of the Week on Calendar	2	3	3	2	2	2	3	3	3	3	3
Calendar: Write Months and Days of the Week Without aid of Calendar	2	3	3	2	2	0	3	3	3	3	3
Catalog Shopping: Order Compute Prices	0	3	2	3	2	2	3	3	3	3	3
Catalog Shopping: Order Using Catalog	2	3	2	3	2	2	3	3	3	3	3
Catalog Shopping: Telephone Order	2	3	2	3	2	2	3	3	3	3	3
Employment Application: Completion	2	3	2	2	1	1	3	3	2	3	3
Map Reading: Locate Map Code	2	3	2	2	1	1	3	3		3	3
Map Reading: Locate Map Index	2	3	2	2	1	1	3	3		3	3
Map Reading: Locate Mileage Chart	2	3	2	2	1	1	3	3		3	3
Map Reading: Use Map Code	2	3	2	2	0	0	3	3		3	3
Map Reading: Use Map Index	2	3	2	2	0	0	3	3		3	3
Map Reading: Use Map Mileage Chart to Compute Distances	0	3	2	2	0	0	3	3		3	3
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost	0	3	0	0	0	0	3	3		0	3
Map Reading: Use Mileage Chart	2	3	2	2	0	0	3	3		3	3
Measurement: Capacity	0	2					2			3	3
Measurement: Compute Area	0	2					2			3	3
Measurement: Compute Perimeter	0	2					2			3	3
Measurement: Length	0	3					3			3	3
Measurement: Weight	0	3					3			3	3
Medical History: Personal Medical History	2	3	3	2	1	1	3	3	3	3	3
Money: Count & Recognize	3	3	3	3	3	3	3	3	3	3	3
Money: Make Change	3	3	3	3	3	2	3	3	3	3	3
Money: Make Purchase with Change	3	3	3	3	2	1	3	2	2	3	3
Newspapers: Locates Various Sections	2	3	3	3	2	2	3	3	3	3	3
Newspapers:	2	3	3	3	2	2	3	3	3	3	3
Personal History Form	3	3	3	3	3	3	3	3	3	3	3
Postal: Folds and Inserts Letters		3					3			3	3
Postal: Weighs on Scales & Records		3					3			3	3
Postal: Computes Postage		3					3			3	3
Shopping: Advertisement	2	3	2	2	1	2	3	3	3	3	3
Shopping: Compute Prices	2	3	2	2	1	2	3	3	3	3	3
Shopping: Use of Coupons	2	3	2	2	1	2	3	3	3	3	3
Social Security: Card Application	2	3	2	2	2	2	3	3	2	3	3
Taxes: 1040A	0	3	0	0	0	0	3	3		3	0
Taxes: Earned Income Credit	0	3	2	2	0	0	3	3		3	2
Taxes: Filing Requirement	2	3	2	2	2	1	3	3		3	2
Taxes: Form	2	3	2	2	2	1	3	3		3	2
Taxes: Use of Table	0	3	2	2	0	0	3	3		3	2
Taxes:1040EZ	0	3	2	2	0	0	3	3		3	2
Telephone: Message Taking	2	2	2	2	2	2	3	2	2	3	3
Telephone: Simple Usage of Telephone	2	2	2	2	2	2	3	2	2	3	3
Telephone: Use Telephone Directory	2	2	2	2	2	1	3	2	2	3	3
Time Card: Completion		3								3	3
Time Card: Computation		3								3	3
Time Card: Digital Time Telling		3								3	3
Voter Registration Form	3	3	3	2	2	2	3	3	2	3	3
Writing: Address Envelope		3	2	3	3	2	3	3	3	3	3
Writing: Recognizes & prints alphabet	3	3	3	3	3	3	3	3	3	3	3
Writing: Recognizes & writes cursive	3	3	3	3	3	3	3	3	3	3	3
Writing: Write Business Letter		3	0	3	3	0	3	3	3	3	3
Writing: Write Friendly Letter		3	2	3	3	2	3	3	3	3	3
Writing: Write Informal Note/Excuse		3	2	3	3	2	3	3	3	3	3
Count	50	60	49	49	49	49	57	49	35	60	60
total	86	174	112	112	84	74	168	143	98	177	172
Average	1.72	2.90	2.29	2.29	1.71	1.51	2.95	2.92	2.80	2.95	2.87

BEST COPY AVAILABLE

Task	45	46	47	48	49	50	Count	Total	Average
Alphabetizing: Order alphabet	3	3	3	3	3	3	50	144	2.88
Alphabetizing: Order file Cards by first letter	3	3	3	3	3	3	50	142	2.84
Alphabetizing: Order file cards by name	3	3	3	3	3	3	50	139	2.78
Calendar: Assign numbers to Months	3	3	3	3	3	3	50	125	2.50
Calendar: Locate Months and Days of the Week on Calendar	3	3	3	3	3	3	50	132	2.64
Calendar: Name and Locate Holidays	3	3	3	3	3	3	50	131	2.62
Calendar: Name Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	50	128	2.56
Calendar: Order Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	50	125	2.50
Calendar: Recognize Months and Days of the Week on Calendar	3	3	3	3	3	3	50	132	2.64
Calendar: Write Months and Days of the Week Without aid of Calendar	3	3	3	3	3	3	50	122	2.44
Catalog Shopping: Order Compute Prices	2	3	3	3	2	3	48	102	2.13
Catalog Shopping: Order Using Catalog	2	3	3	3	2	3	48	106	2.21
Catalog Shopping: Telephone Order	2	3	3	3	2	2	48	100	2.08
Employment Application: Completion	3	3	3	3	2	3	50	113	2.26
Map Reading: Locate Map Code	3	3	3	3	2	3	49	108	2.20
Map Reading: Locate Map Index	3	3	3	3	2	3	49	108	2.20
Map Reading: Locate Mileage Chart	3	3	3	3	2	3	49	108	2.20
Map Reading: Use Map Code	3	3	3	3	2	3	49	99	2.02
Map Reading: Use Map Index	3	3	3	3	2	3	49	97	1.98
Map Reading: Use Map Mileage Chart to Compute Distances	2	3	3	3	2	2	49	85	1.73
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost	0	3	3	3	0	1	48	52	1.08
Map Reading: Use Mileage Chart	3	3	3	3	2	2	48	87	1.81
Measurement: Capacity	3	3	3	3	3	3	41	82	2.00
Measurement: Compute Area	2	3	3	2	2	3	41	73	1.78
Measurement: Compute Perimeter	2	3	3	2	2	2	41	75	1.83
Measurement: Length	3	3	3	3	3	3	41	90	2.20
Measurement: Weight	3	3	3	3	3	3	41	90	2.20
Medical History: Personal Medical History	3	3	3	3	2	3	50	111	2.22
Money: Count & Recognize	3	3	3	3	3	3	50	142	2.84
Money: Make Change	3	3	3	3	3	3	50	139	2.78
Money: Make Purchase with Change	2	3	3	3	3	3	50	129	2.58
Newspapers: Locates Various Sections	3	3	3	3	2	3	50	127	2.54
Newspapers:	3	3	3	3	2	3	50	127	2.54
Personal History Form	3	3	3	3	3	3	50	145	2.90
Postal: Folds and Inserts Letters	3	3	3	3	3	3	38	98	2.58
Postal: Weighs on Scales & Records	3	3	3	3	3	3	38	96	2.53
Postal: Computes Postage	3	3	3	3	3	3	38	95	2.50
Shopping: Advertisement	3	3	3	3	2	3	50	115	2.30
Shopping: Compute Prices	3	3	3	3	2	2	50	114	2.28
Shopping: Use of Coupons	3	3	3	3	2	2	50	112	2.24
Social Security: Card Application	3	3	3	3	2	3	50	122	2.44
Taxes: 1040A	0	3	2	3	0	0	49	51	1.04
Taxes: Earned Income Credit	2	3	2	3	1	2	49	85	1.73
Taxes: Filing Requirement	2	3	2	3	1	2	49	100	2.04
Taxes: Form	2	3	2	3	1	2	49	99	2.02
Taxes: Use of Table	2	3	2	3	0	2	49	84	1.71
Taxes:1040EZ	2	3	2	3	0	2	49	84	1.71
Telephone: Message Taking	3	3	3	3	3	2	50	119	2.38
Telephone: Simple Usage of Telephone	3	3	3	3	3	2	50	119	2.38
Telephone: Use Telephone Directory	2	3	3	3	2	2	50	110	2.20
Time Card: Completion	3	3	3	3	3	3	37	89	2.41
Time Card: Computation	3	3	3	3	3	3	37	88	2.38
Time Card: Digital Time Telling	3	3	3	3	3	3	37	91	2.46
Voter Registration Form	3	3	3	3	2	3	50	129	2.58
Writing: Address Envelope	3	3	3	3	3	3	48	126	2.63
Writing: Recognizes & prints alphabet	3	3	3	3	3	3	50	142	2.84
Writing: Recognizes & writes cursive	3	3	3	3	3	3	50	142	2.84
Writing: Write Business Letter	3	3	3	3	3	2	47	85	1.81
Writing: Write Friendly Letter	3	3	3	3	3	2	48	113	2.35
Writing: Write Informal Note/Excuse	3	3	3	3	3	3	48	120	2.50
Count	60	60	60	60	60	60	60	60	60
total	161	180	174	178	140	159	2849	6543	137.6
Average	2.68	3.00	2.90	2.97	2.33	2.65	47.48	109.05	2.29

BEST COPY AVAILABLE

Authentic Assessment

Table of Contents

Personal Information Form 1
Task List For Personal Information 2
Personal Information 4
Counting Money and Making Change 5
Change Task Sheet 6
Voter Registration 9
Task List For Voter Registration 10
Income Tax Forms 13
Tax Task List 14
Tax Form 1040EZ 15
Instructions for Form 1040EZ 16
Earned Income Credit Worksheet 18
Earned Income Credit Table 19
W–2 Forms 20
Tax Form 1040A 21
Schedule 1 23
Schedule 2 24
Pennsylvania Resident Income Tax Form 26
Alphabetizing 27
Alphabet Task List 28
Alphabetizing 29
Calendar 30
Calendar Tasks 31
Calendar Flash Cards (small) 32
Calendar Flash Cards (large) 33
Calendar Blank 35
Calendar Worksheet 36
Using Maps 37
Using Maps Task List 38
Map Reading 39
Informal Notes, Friendly Letters, and Business Letters 40
Informal Notes, Friendly Letters, and Business Letters Task List 41
Postal Tasks 42
United States Postage 43
Postage Task List 44
Employment Applications 45
Task List For Employment Application 46
Sample Employment Application 48
Shopping Skills 51
Shopping Task List 52
Shopping 53
Medical History 54
Medical History Task List 55
Past Medical History 56
Application for Social Security Number Card 59
Task List For Social Security Number or Replacement 60
Application For Socail Security Number 62

Telephone Skills 66
Telephone Skills Task List 67
Reference Sources Telephone 68
Catalog Order 70
Catalog Order Task List 71
Catalog Order 72
Catalog Order Form 73
Time Sheet 74
Time Sheet Task List 75
Time Sheet 76
Measurement 77
Measurement Task List 78
Measurement And Area 79
Measurement And Area Task List 80
Newspaper 81
Newspaper Task List 82
List of Tasks To be Accomplished 83
Rubrics for Scoring 85
Suggestions for Assessment Tasks 86
Bibliography 90

Personal Information Form

Tasks

Level 1
The personal information form will be read to the client, and the form completed with information provided by the client. The client may use personal data notes to provide information.

Level 2
The personal information form is completed by the client with information provided by the client. Help reading the form may be given to the client. The client may use personal data notes to provide information.

Level 3
The personal information form is completed by the client.

Materials & Equipment Needed

Personal Information form
pencil/pen
Personal Information Task list

Task List For Personal Information

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Date		
2	Name Last		
	First		
	Middle Name/Initial		
3	Street Address		
	City		
	State		
	Zip code		
4	Social Security Number		
5	Telephone Area Code		
	Telephone Number		
6	Alternative Telephone Area Code		
	Alternative Telephone Number		
7	Place of Birth city/town		
	state		
8	Date of Birth		
9	Marital Status		
10	Name of Spouse		
11	Number of children		
12	Citizenship		
13	Height		
14	Weight		
15	Color of eyes		
16	Color of hair		
17	Sex		

18	Spouse's name		
19	Last school attended (name, city, state)		
20	Highest grade completed		
21	Name of person to be contacted in emergency		
22	relationship		
23	address		
24	telephone number		
25	Signature		

Personal Information

All information required on this form applies to the applicant.
Please print legibly and provide all information asked.

Social Security Number _____ Date _____

Name, Last _____ First _____ Middle _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Place Of Birth _____ Date Of Birth _____

Citizenship _____ Marital Status _____

Number Of Children _____ Spouse's Name _____

Height _____ Weight _____ Sex _____

Color Of Eyes _____ Color Of Hair _____

Last School Attended, Name _____

City, town _____ State _____ Last Grade Completed ____

Person to be contacted in case of emergency:

Name _____ Relationship _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

_____

Signature of Applicant

Counting Money and Making Change

Tasks

Level 1
The client is asked to name various denominations of money and demonstrates basic inter related values as out lined on the task sheet.

Level 2
In addition to the tasks in level 1, the client is asked to count various amounts of money and makes change as out lined on the task sheet.

Level 3
In addition to the tasks in level 1 and level 2, the client is asked to make correct change as out lined on the task sheet.

Materials & Equipment Needed

*Play money coins and bills
*items to be purchased in amounts as outlined on task sheet
*Task list

Change Task Sheet

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Recognizes & Names Penny		
2	Recognizes & Names Nickel		
3	Recognizes & Names Dime		
4	Recognizes & Names Quarter		
5	Recognizes & Names Half Dollar		
6	Recognizes & Names $1 Bill		
7	Recognizes & Names $5 Bill		
8	Recognizes & Names $10 Bill		
9	Recognizes & Names $20 Bill		
10	Shows 1 nickel = 5 pennies		
11	Shows 1 dime = 2 nickels		
12	Shows 1 dime = 10 pennies		
13	Shows 1 quarter = 25 pennies		
14	Shows 1 quarter = 5 nickels		
15	Shows 1 quarter = 2 dimes & 1 nickel		
16	Shows 1 half dollar = 2 quarters		
17	Shows 1 dollar = 10 dimes		
18	Shows 1 dollar = 4 quarters		
19	Shows $1 bill = 20 nickels		
20	Shows $5 bill = 5 $1 bills		
21	Shows $10 bill = 10 $1 bills		
22	Shows $10 bill = 2 $5 bills		
23	Shows $10 bill = 1 $5 & 5 $1 bills		

24	counts coins to arrive at 8¢ total		
25	counts coins to arrive at 32¢ total		
26	counts coins to arrive at 67¢ total		
27	counts coins to arrive at 93¢ total		
28	make change for 1 10¢		
29	make change for 1 25¢		
30	make change for 1 $1 (dimes & nickels)		
31	make change for 1 $1 (quarters)		
32	make change for 1 $1 (quarters, dimes, & nickels)		
33	make change for 1 $10 (ones, & five)		
11	make change for 1 $10 (ones, five, quarters, dimes & nickels)		
34	make change for 1 $20 (ones, five, ten, quarters, dimes & nickels)		
35	Makes correct change for purchase with a $1 bill		
2	Makes correct change for purchase with a $5 bill (bills only)		
36	Makes correct change for purchase with a $5 bill (including change)		
37	Makes correct change for purchase with a $10 bill (bills only, more than $5)		
38	Makes correct change for purchase with a $10 bill (bills only, less than $5)		
39	Makes correct change for purchase with a $10 bill (including change, more than $5)		

40	Makes correct change for purchase with a $10 bill (including change, less than $5)		
41	Makes correct change for purchase with a $20 bill (bills only, more than $5)		
42	Makes correct change for purchase with a $20 bill (bills only, less than $5)		
43	Makes correct change for purchase with a $20 bill (including change, more than $5)		
44	Makes correct change for purchase with a $20 bill (including change, less than $5)		
45	Makes correct change for purchase with a $50 bill (including change, less than $5)		
46	Makes correct change for purchase with a $50 bill (including change, more than $5 less than $10)		

Voter Registration

Tasks

Level
The Voter Registration Form will be read to the client, and the form completed with information provided by the client. The client may use personal data notes to provide the information.

Level 2
The Voter Registration Form is completed by the client with information provided by the client. Help reading the form may be given to the client. The client may use personal data notes to provide the information.

Level 3
The Voter Registration Form is completed by the client

Materials & Equipment Needed

*Voter Registration form for appropriate county (All forms are the same with a different business reply address.)
*pen
*Voter Registration task list

Task List For Voter Registration

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Date		
2	Name Last		
	First		
	Middle Name/Initial		
3	Street Address		
	City		
	State		
	Zip code		
4	County		
5	Date began above address		
6	Telephone Area Code		
	Telephone Number		
7	Place of Birth city/town		
	state		
8	Date of Birth		
9	Height		
10	Weight		
11	Color of eyes		
12	Color of hair		
13	Sex		
14	Political affiliation		
15	Ever been registered before?		
16	If yes, year		
17	name		
18	address		
19	county		
20	state		

21	zip code		
22	Require assistance to vote?		
23	If yes, physical or illiteracy		
24	State nature of disability		
25	Signature three times		

VOTER NOTIFICATION STUB
THIS PORTION WILL BE RETURNED TO YOU BY YOUR COUNTY ELECTION BOARD

Dear Applicant:

Your voter registration application has been received and is now being processed. After your registration has been approved we will mail to you a wallet sized Voter Identification Card showing the municipality, ward and/or election district of your residence.

COUNTY BOARD OF ELECTIONS

(COUNTY STAMP WILL APPEAR HERE)

DO NOT BEGIN THIS PORTION UNTIL YOU HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.
PLEASE TYPEWRITE OR HANDPRINT USING BLUE OR BLACK INK.

FOR OFFICIAL USE ONLY (9/94)
City/Boro/Twp. of _____
Ward _____ District _____

(1) Is This A: ☐ New Registration, ☐ Change of Name, ☐ Change of Address, ☐ Change of Party
Note: Federal or State employees who wish to retain voting residence in the county of last residence, check ☐

(2) **Print** Your Full Name Here _____ (3) _____
Last Name | First Name (No Nicknames) | Initial | Jr/Sr | Phone No.

(4) Full Home Address _____ (5) _____ (6) _____
(include APT. and Floor No.) (City) ZIP CODE TOWNSHIP/BORO

(4a) If home address is rural route or box number, give nearest cross street, road or highway _____
and nearest church or public building _____

(4b) If you already know your voting district, write it in here _____

(7) County of Residence _____ (8) Date you began above address _____
Month/Day/Year

(8a) If military, date you left above address. _____
Month/Day/Year

(9) Place of Birth _____ (10) Date of Birth _____
(state, territory, or foreign country) Month/Day/Year

(11) Sex _____ (12) Skin Color _____ (13) Height _____ (14) Hair Color _____ (15) Eye Color _____
(optional)

(16) In Which Political Party Do You Wish To Be Enrolled? ☐ Democratic ☐ Libertarian ☐ No Affiliation
☐ Republican ☐ Patriot ☐ other _____
(please specify)

(17) Have You Ever Registered To Vote Before? Yes ☐ No ☐
If 'yes', complete the following information: (17a) Year of last registration _____
(17b) Name on last registration _____ (17c) County _____
(17d) Address on last registration _____ (17e) State _____ Zip Code _____

(18) Do You Require Assistance To Vote? Yes ☐ No ☐ Physical Disability ☐ Illiteracy ☐
State nature of disability _____

REGISTRATION DECLARATION I hereby declare that I am a citizen of the United States, that on the day of the next ensuing primary or election, I shall be at least eighteen years of age, and shall have resided in the Commonwealth of Pennsylvania and in the election district thirty days, that I am legally qualified to vote, that I affirm that the information provided herein is true and correct, and I fully understand that this application will be accepted for all purposes as the equivalent of an affidavit, and if it contains a material false statement, shall be subject to the same penalties for perjury as if I had been duly sworn.

PENALTY FOR FALSIFYING DECLARATION
If any person shall sign an official registration application card knowing any statement declared therein to be false, he shall be guilty of perjury, and upon conviction, shall be sentenced to pay a fine not exceeding one thousand dollars ($1,000), or be imprisoned for a term not exceeding five (5) years, or both, at the discretion of the court, in addition, sentence shall include loss of the right of suffrage absolutely for a term of ten (10) years.

NOTARY (USE THIS SPACE ONLY FOR PERSON MAKING MARK)

PLEASE SIGN YOUR NAME *THREE* TIMES BELOW.
THESE SIGNATURES ARE REQUIRED FOR COUNTY REGISTRATION RECORDS. THEN PRINT YOUR NAME ON LINE **22.** IF YOU ARE UNABLE TO SIGN YOUR NAME, SEE INSTRUCTION NO. **3.**

(19) X _____

(20) X _____

(21) X _____
(SIGNATURE OF APPLICANT)

(22) _____
(PRINTED NAME OF APPLICANT)

(23) Name and address of person assisting in completion of this form, if applicable.

MOISTEN HERE — TO SEAL

MOISTEN HERE — TO SEAL

BEST COPY AVAILABLE

Income Tax Forms

Tasks

Level 1
The level 1 client will provide information that is used to complete the tasks on the task list.

Level 2
The level 2 client will complete the tax forms as indicated on the task list, and complete a 1040EZ tax form.

Level 3
The level 3 client will prepare the proper tax forms needed to complete the 1040A tax form.

Materials & Equipment Needed

1040EZ tax form
1040EZ tax booklet
1040A tax form
1040A tax booklet
Appropriate W-2 forms
Gross Income Filing Requirements for 1994
Earned Income Credit Schedule
Schedule 1
Schedule 2
Income Tax Task list
pencils
scrap paper
calculator (optional)

Tax Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Able to answer questions Name, address, SS#		
2	Able to provide information about income		
3	Able to decide if required to file a tax return		
4.	Able to determine which tax form to file		
5.	Follows directions to fill out 1040EZ		
6	Able to simple math addition & subtraction required for 1040EZ		
7.	Demonstrates correct use of tables to compute tax		
8	Follows directions for Earned Income credit		
9	Follows directions to fill out 1040A		
10	Follows directions to fill out 1040A and various schedules		
11	Able to perform simple math addition & subtraction required for 1040A		
12.	Demonstrates correct use of tables to compute tax for 1040A		
14.	Follows directions for Earned Income credit		
15	Able to perform simple math multiplication required for 1040A		
16	Demonstrates use of Schedules required for 1040A		

Department of the Treasury—Internal Revenue Service

Form 1040EZ **Income Tax Return for Single and Joint Filers With No Dependents** **1994**

OMB No. 1545-0675

the IRS label (See page 12.) Otherwise, please print.

LABEL HERE

Print your name (first, initial, last)

If a joint return, print spouse's name (first, initial, last)

Home address (number and street). If you have a P.O. box, see page 12. Apt. no.

City, town or post office, state and ZIP code. If you have a foreign address, see page 12.

Your social security number

Spouse's social security number

See instructions on back and in Form 1040EZ booklet.

Presidential Election Campaign (See page 12.)

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Do you want $3 to go to this fund? ▶

If a joint return, does your spouse want $3 to go to this fund? ▶

Income

Attach Copy B of Form(s) W-2 here. Enclose, but do not attach, any payment with your return.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1

2 Taxable interest income of $400 or less. If the total is over $400, you cannot use Form 1040EZ. 2

3 Add lines 1 and 2. This is your **adjusted gross income.** If less than $9,000, see page 15 to find out if you can claim the earned income credit on line 7. 3

Note: *You must check Yes or No.*

4 Can your parents (or someone else) claim you on their return?

Yes. Do worksheet on back; enter amount from line G here.

No. If **single**, enter 6,250.00. If **married**, enter 11,250.00. For an explanation of these amounts, see back of form. 4

5 Subtract line 4 from line 3. If line 4 is larger than line 3, enter 0. This is your **taxable income.** ▶ 5

Payments and tax

6 Enter your Federal income tax withheld from box 2 of your W-2 form(s). 6

7 **Earned income credit** (see page 15). Enter type and amount of nontaxable earned income below. 7

8 Add lines 6 and 7 (don't include nontaxable earned income). These are your **total payments.** 8

9 **Tax.** Use the amount on **line 5** to find your tax in the tax table on pages 28–32 of the booklet. Then, enter the tax from the table on this line. 9

Refund or amount you owe

10 If line 8 is larger than line 9, subtract line 9 from line 8. This is your **refund.** 10

11 If line 9 is larger than line 8, subtract line 8 from line 9. This is the **amount you owe.** See page 20 for details on how to pay and what to write on your payment. 11

Sign your return

Keep a copy of this form for your records.

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the tax year.

Your signature		Spouse's signature if joint return	
Date	Your occupation	Date	Spouse's occupation

Use this form if

- Your filing status is single or married filing jointly.
- You (and your spouse if married) were under 65 on January 1, 1995, and not blind at the end of 1994.
- You do not claim any dependents.
- Your taxable income (line 5) is less than $50,000.
- You had **only** wages, salaries, tips, and taxable scholarship or fellowship grants, and your taxable interest income was $400 or less. **But** if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See page 14.
- You did not receive any advance earned income credit payments.

Caution: *If married and either you or your spouse had total wages of over $60,600, you may not be able to use this form. See page 7.*

If you are not sure about your filing status, see page 7. If you have questions about dependents, call Tele-Tax (see page 26) and listen to topic 354. If you **can't use this form,** call Tele-Tax (see page 26) and listen to topic 352.

Filling in your return

Because this form is read by a machine, please print your numbers inside the boxes like this:

9 8 7 6 5 4 3 2 1 0

Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing income tax withheld (backup withholding).

Remember, you must report all wages, salaries, and tips even if you don't get a W-2 form from your employer. You must also report all your taxable interest income, including interest from banks, savings and loans, credit unions, etc., even if you don't get a Form 1099-INT.

If you paid someone to prepare your return, see page 21.

Worksheet for dependents who checked "Yes" on line 4

Use this worksheet to figure the amount to enter on line 4 if someone can claim you (or your spouse if married) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, call Tele-Tax (see page 26) and listen to topic 354.

A. Enter the amount from line 1 on the front.	A.	
B. Minimum standard deduction.	B.	600.00
C. Enter the LARGER of line A or line B here.	C.	
D. Maximum standard deduction. If single, enter 3,800.00; if married, enter 6,350.00.	D.	
E. Enter the SMALLER of line C or line D here. This is your standard deduction.	E.	
F. Exemption amount. • If single, enter 0. • If married and both you and your spouse can be claimed as dependents, enter 0. • If married and only one of you can be claimed as a dependent, enter 2,450.00.	F.	
G. Add lines E and F. Enter the total here and on line 4 on the front.	G.	

If you checked "No" on line 4 because no one can claim you (or your spouse if married) as a dependent, enter on line 4 the amount shown below that applies to you.

- Single, enter 6,250.00. This is the total of your standard deduction (3,800.00) and personal exemption (2,450.00).
- Married, enter 11,250.00. This is the total of your standard deduction (6,350.00), exemption for yourself (2,450.00), and exemption for your spouse (2,450.00).

Avoid mistakes

See page 21 of the Form 1040EZ booklet for a list of common mistakes to avoid. Errors will delay your refund.

Mailing your return

Mail your return by **April 17, 1995.** Use the envelope that came with your booklet. If you don't have that envelope, see page 33 for the address to use.

*U.S. Government Printing Office: 1994 — 375-538

BEST COPY AVAILABLE

Questions to see if you can take the earned income credit

1. Do you have at least one qualifying child (defined on page 17)?
   - ☐ **Yes.** **Stop.** You may be able to take the credit but you must use Schedule EIC and Form 1040A or Form 1040 to do so. For details, get Pub. 596.
   - ☐ **No.** Go to question 2.

2. Were you (or your spouse if filing a joint return) at least age 25 at the end of 1994?
   - ☐ **No.** **Stop.** You **cannot** take the credit. Print "No" next to line 7.
   - ☐ **Yes.** Go to question 3.

3. Can your parents (or someone else) claim you as a dependent on their 1994 tax return?
   - ☐ **Yes.** **Stop.** You **cannot** take the credit.
   - ☐ **No.** Go to question 4.

4. Was your home in the United States for more than half of 1994?
   - ☐ **No.** **Stop.** You **cannot** take the credit. Print "No" next to line 7.
   - ☐ **Yes.** Go to question 5.

5. Is the total of your **taxable and nontaxable earned income** (see page 18) less than $9,000? (Nontaxable earned income includes military housing and subsistence, and contributions to a 401(k) plan.)
   - ☐ **No.** **Stop.** You **cannot** take the credit. Print "No" next to line 7.
   - ☐ **Yes.** Go to question 6.

6. Is the amount on Form 1040EZ, line 3, less than $9,000?
   - ☐ **No.** **Stop.** You **cannot** take the credit.
   - ☐ **Yes.** You can take the credit. **If you want the IRS to figure it for you,** print "EIC" in the space to the right of the words "earned income below" on line 7. Also, enter the type and amount of any nontaxable earned income in the spaces marked "Type" and "$" to the left of line 7. **If you want to figure the credit yourself,** fill in the worksheet on page 17.

Earned income credit worksheet

If you want the IRS to figure your credit, see page 15.

Earned income credit worksheet—Line 7 (keep for your records)

1. Enter the amount from Form 1040EZ, line 1. 1. _____
2. If you received a taxable scholarship or fellowship grant that wasn't reported on a W-2 form, enter that amount here. 2. _____
3. Subtract line 2 from line 1. 3. _____
4. Enter any **nontaxable earned income** (see page 18). Types of nontaxable earned income include contributions to a 401(k) plan, which should be shown in box 13 of your W-2 form, and military housing and subsistence. 4. _____
5. Add lines 3 and 4. 5. _____

   Caution: *If line 5 is $9,000 or more, you **cannot** take the credit. Print "NO" next to line 7 of Form 1040EZ.*
6. Look up the amount on line 5 above in the **EIC Table** on page 19 to find your credit. Enter the credit here. 6. _____
7. Enter the amount from Form 1040EZ, line 3. 7. _____
8. **Is line 7 $5,000 or more?**

   ☐ **YES.** Look up the amount on line 7 above in the **EIC Table** on page 19 to find your credit. Enter the credit here. 8. _____

   ☐ **NO.** Go to line 9.
9. **Earned income credit.**
   - If you checked "YES" on line 8, enter the **smaller** of line 6 or line 8.
   - If you checked "NO" on line 8, enter the amount from line 6. 9. _____

Next: Take the amount from line 9 above and enter it on Form 1040EZ, line 7.

AND

If you had any nontaxable earned income (see line 4 above), enter the type and amount of that income in the spaces marked "Type" and "$" on line 7.

Qualifying child. A qualifying child is a child who:

1. **Is your son, daughter, adopted child, grandchild, stepchild, or foster child, and**
2. **Was (at the end of 1994)—**
   - **under age 19, or**
   - **under age 24 and a full-time student, or**
   - **any age and permanently and totally disabled, and**
3. **Either lived with you in the United States for more than half of 1994 (for all of 1994 if a foster child) OR was born or died in 1994 and your home was the child's home for the entire time he or she was alive during 1994.**

BEST COPY AVAILABLE

1994 Earned Income Credit (EIC) Table

Caution: This is not a tax table.

To find your credit: First, read down the "At least—But less than" columns and find the line that includes the amount you entered on line 5 or line 7 of the **Earned Income credit worksheet** on page 17. Next, read across and find the credit. Then, enter the credit on line 6 or line 8 of the worksheet, whichever applies.

If the amount on line 5 or line 7 of the worksheet is—		Your credit is—
At least	But less than	
$1	$50	$2
50	100	6
100	150	10
150	200	13
200	250	17
250	300	21
300	350	25
350	400	29
400	450	33
450	500	36
500	550	40
550	600	44
600	650	48
650	700	52
700	750	55
750	800	59
800	850	63
850	900	67
900	950	71
950	1,000	75
1,000	1,050	78
1,050	1,100	82
1,100	1,150	86
1,150	1,200	90
1,200	1,250	94
1,250	1,300	98
1,300	1,350	101
1,350	1,400	105
1,400	1,450	109
1,450	1,500	113
1,500	1,550	117
1,550	1,600	120
1,600	1,650	124
1,650	1,700	128
1,700	1,750	132
1,750	1,800	136
1,800	1,850	140
1,850	1,900	143
1,900	1,950	147
1,950	2,000	151
2,000	2,050	155
2,050	2,100	159
2,100	2,150	163
2,150	2,200	166
2,200	2,250	170
2,250	2,300	174
2,300	2,350	178
2,350	2,400	182
2,400	2,450	186
2,450	2,500	189
2,500	2,550	193
2,550	2,600	197
2,600	2,650	201
2,650	2,700	205
2,700	2,750	208
2,750	2,800	212
2,800	2,850	216
2,850	2,900	220
2,900	2,950	224
2,950	3,000	228
3,000	3,050	231
3,050	3,100	235
3,100	3,150	239
3,150	3,200	243
3,200	3,250	247
3,250	3,300	251
3,300	3,350	254
3,350	3,400	258
3,400	3,450	262
3,450	3,500	266
3,500	3,550	270
3,550	3,600	273
3,600	3,650	277
3,650	3,700	281
3,700	3,750	285
3,750	3,800	289
3,800	3,850	293
3,850	3,900	296
3,900	3,950	300
3,950	4,000	304
4,000	4,050	306
4,050	4,100	306
4,100	4,150	306
4,150	4,200	306
4,200	4,250	306
4,250	4,300	306
4,300	4,350	306
4,350	4,400	306
4,400	4,450	306
4,450	4,500	306
4,500	4,550	306
4,550	4,600	306
4,600	4,650	306
4,650	4,700	306
4,700	4,750	306
4,750	4,800	306
4,800	4,850	306
4,850	4,900	306
4,900	4,950	306
4,950	5,000	306
5,000	5,050	304
5,050	5,100	300
5,100	5,150	296
5,150	5,200	293
5,200	5,250	289
5,250	5,300	285
5,300	5,350	281
5,350	5,400	277
5,400	5,450	273
5,450	5,500	270
5,500	5,550	266
5,550	5,600	262
5,600	5,650	258
5,650	5,700	254
5,700	5,750	251
5,750	5,800	247
5,800	5,850	243
5,850	5,900	239
5,900	5,950	235
5,950	6,000	231
6,000	6,050	228
6,050	6,100	224
6,100	6,150	220
6,150	6,200	216
6,200	6,250	212
6,250	6,300	208
6,300	6,350	205
6,350	6,400	201
6,400	6,450	197
6,450	6,500	193
6,500	6,550	189
6,550	6,600	186
6,600	6,650	182
6,650	6,700	178
6,700	6,750	174
6,750	6,800	170
6,800	6,850	166
6,850	6,900	163
6,900	6,950	159
6,950	7,000	155
7,000	7,050	151
7,050	7,100	147
7,100	7,150	143
7,150	7,200	140
7,200	7,250	136
7,250	7,300	132
7,300	7,350	128
7,350	7,400	124
7,400	7,450	120
7,450	7,500	117
7,500	7,550	113
7,550	7,600	109
7,600	7,650	105
7,650	7,700	101
7,700	7,750	98
7,750	7,800	94
7,800	7,850	90
7,850	7,900	86
7,900	7,950	82
7,950	8,000	78
8,000	8,050	75
8,050	8,100	71
8,100	8,150	67
8,150	8,200	63
8,200	8,250	59
8,250	8,300	55
8,300	8,350	52
8,350	8,400	48
8,400	8,450	44
8,450	8,500	40
8,500	8,550	36
8,550	8,600	33
8,600	8,650	29
8,650	8,700	25
8,700	8,750	21
8,750	8,800	17
8,800	8,850	13
8,850	8,900	10
8,900	8,950	6
8,950	9,000	2

$9,000 or more—you may not take the credit

BEST COPY AVAILABLE

Edinboro Coop 1994 Friendly Lane Corry, PA. 16407	Type or print Employer's Name, Address,,Zip Code Federal Identification Number	Copy C For employee's records Employer's State Identifying Number 25-1234567

Employee's social security number	1. Federal income tax withheld	2. Wages, tips, and other compensation	3. FICA employee tax withheld	4. Total FICA wages
123-45-6789	456.98	9048.22	560.96	9048.22

Type or print Employee's name, address, and ZIP code below	5 Was employee covered by a qualified pension plan, etc.?	6.	7
John Brown RD #1 Saegertown, PA 16433	no		
	8 State or local tax withheld: 253.27	9 state or local wages: 9048.22	10 State of locality:
	11 State or local tax withheld: 91.00	12 State or local wages: 9048.22	13 State or locality: Hayfield

Form W — 2 This information is being furnished to the Internal Revenue Service — Department of Treasury--Internal Revenue Service

John Brown is married, has two children,

Mary B, SS#123-90-9999 date of birth 4/8/92

Jonathan A, SS#123-95-8888 date of birth 7/10/91

John is employed by Edinboro Coop, and he also collected unemployment as shown on a UC - 1099G. His wife, Charlene, (SS#987-65-4321) had no income.

STATEMENT FOR RECIPIENTS OF PA
UNEMPLOYMENT COMPENSATION PAYMENTS

Payer:
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF UC BENEFITS AND ALLOWANCES
HARRISBURG, PA 17121-0001

OMB NO. 1545-0120 FEDERAL ID NO. 23-6003107

This form shows the total unemployment compensation paid to you in the tax year indicated. This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For income tax purposes, unemployment compensation benefits are reported in the calendar year in which they are paid, regardless of when the claim for benefits was filed. **No income tax was withheld by the Department of Labor and Industry from any of your benefit payments.**

THIS IS NOT A BILL - DO NOT DESTROY - KEEP WITH YOUR TAX RECORDS

SOCIAL SECURITY NO.	TOTAL PAYMENT	TAX YEAR
123-45-6789	2876.00	1994

RECIPIENT'S name, address, zip code

JOHN BROWN
RD #1
SAEGERTOWN, PA 16433

Dear Recipient:

YOU MAY BE ELIGIBLE FOR THE EARNED INCOME CREDIT, which is a Federal benefit for both married and single parents who worked either full or part time during all of or part of the year and earned less than the Federal qualifying amount. If you are eligible, you will either owe less taxes or qualify for a larger tax return. To file for the Earned Income Credit, fill out and attach "Schedule EIC" to your Federal income tax return. For more information, call the IRS toll free at 1-800-829-1040

BEST COPY AVAILABLE

Form **1040A**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 1994

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0085

Label (See page 16.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial | Last name | Your social security number

If a joint return, spouse's first name and initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 17. | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Presidential Election Campaign Fund (See page 17.)

	Yes	No
Do you want $3 to go to this fund?		
If a joint return, does your spouse want $3 to go to this fund?		

Note: *Checking "Yes" will not change your tax or reduce your refund.*

Check the box for your filing status (See page 17.) Check only one box.

1 ☐ Single

2 ☐ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 19.)

Figure your exemptions (See page 20.)

If more than seven dependents, see page 23.

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 18b on page 2.

b ☐ **Spouse**

No. of boxes checked on 6a and 6b

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1994

No. of your children on 6c who:

- lived with you
- didn't live with you due to divorce or separation (see page 23)

Dependents on 6c not entered above

Add numbers entered on lines above

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

e Total number of exemptions claimed.

Figure your total income

Attach Copy B of your Forms W-2 and 1099-R here.

If you didn't get a W-2, see page 25.

Enclose, but do not attach, any payment with your return.

7	Wages, salaries, tips, etc. This should be shown in box 1 of your W-2 form(s). Attach Form(s) W-2.		7
8a	**Taxable** interest income (see page 25). If over $400, attach Schedule 1.		8a
b	**Tax-exempt** interest. DO NOT include on line 8a.	8b	
9	Dividends. If over $400, attach Schedule 1.		9
10a	Total IRA distributions. 10a	10b Taxable amount (see page 26).	10b
11a	Total pensions and annuities. 11a	11b Taxable amount (see page 27).	11b
12	Unemployment compensation (see page 30).		12
13a	Social security benefits. 13a	13b Taxable amount (see page 31).	13b
14	Add lines 7 through 13b (far right column). This is your **total income.** ▶		14

Figure your adjusted gross income

15a	Your IRA deduction (see page 34).	15a	
b	Spouse's IRA deduction (see page 34).	15b	
c	Add lines 15a and 15b. These are your **total adjustments.**		15c
16	Subtract line 15c from line 14. This is your **adjusted gross income.** If less than $25,296 and a child lived with you (less than $9,000 if a child didn't live with you), see "Earned income credit" on page 44. ▶		16

Cat. No. 12802S

1994 Form 1040A page 1

BEST COPY AVAILABLE

Figure your standard deduction, exemption amount, and taxable income

17 Enter the amount from line 16. 17

18a Check if: ☐ You were 65 or older ☐ Blind ☐ Spouse was 65 or older ☐ Blind } Enter number of boxes checked ▶ 18a

b If your parent (or someone else) can claim you as a dependent, check here ▶ 18b ☐

c If you are married filing separately and your spouse files Form 1040 and itemizes deductions, see page 38 and check here. ▶ 18c ☐

19 Enter the **standard deduction** shown below for your filing status. **But if you checked any box on line 18a or b,** go to page 38 to find your standard deduction. **If you checked box 18c,** enter -0-.
- Single—$3,800 • Married filing jointly or Qualifying widow(er)—$6,350
- Head of household—$5,600 • Married filing separately—$3,175 19

20 Subtract line 19 from line 17. If line 19 is more than line 17, enter -0-. 20

21 Multiply $2,450 by the total number of exemptions claimed on line 6e. 21

22 Subtract line 21 from line 20. If line 21 is more than line 20, enter -0-. This is your **taxable income.** ▶ 22

Figure your tax, credits, and payments

If you want the IRS to figure your tax, see the instructions for line 22 on page 39.

23 Find the tax on the amount on line 22. Check if from: ☐ Tax Table (pages 62–67) or ☐ Form 8615 (see page 40). 23

24a Credit for child and dependent care expenses. Attach Schedule 2. 24a

b Credit for the elderly or the disabled. Attach Schedule 3. 24b

c Add lines 24a and 24b. These are your **total credits.** 24c

25 Subtract line 24c from line 23. If line 24c is more than line 23, enter -0-. 25

26 Advance earned income credit payments from Form W-2. 26

27 Add lines 25 and 26. This is your **total tax.** ▶ 27

28a Total Federal income tax withheld. If any tax is from Form(s) 1099, check here. ▶ ☐ 28a

b 1994 estimated tax payments and amount applied from 1993 return. 28b

c **Earned income credit.** If required, attach Schedule EIC (see page 44). 28c

Nontaxable earned income: amount ▶ and type ▶

d Add lines 28a, 28b, and 28c (don't include nontaxable earned income). These are your **total payments.** ▶ 28d

Figure your refund or amount you owe

29 If line 28d is more than line 27, subtract line 27 from line 28d. This is the amount you **overpaid.** 29

30 Amount of line 29 you want **refunded to you.** 30

31 Amount of line 29 you want **applied to your 1995 estimated tax.** 31

32 If line 27 is more than line 28d, subtract line 28d from line 27. This is the **amount you owe.** For details on how to pay, including what to write on your payment, see page 52. 32

33 Estimated tax penalty (see page 52). Also, include on line 32. 33

Sign your return

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature | Date | Your occupation

Spouse's signature. If joint return, BOTH must sign. | Date | Spouse's occupation

Paid preparer's use only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours if self-employed) and address | E.I. No. | ZIP code

*U.S. Government Printing Office: 1994 — 375-538

BEST COPY AVAILABLE

Schedule 1 (Form 1040A)

Department of the Treasury—Internal Revenue Service

Interest and Dividend Income for Form 1040A Filers

1994

OMB No. 1545-0085

Name(s) shown on Form 1040A

Your social security number

Part I

Interest Income

(See pages 25 and 68.)

Note: *If you received a Form 1099–INT, Form 1099–OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.*

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page 68 and list this interest first. Also, show that buyer's social security number and address.	1	
2	Add the amounts on line 1.	2	
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040A.	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4	

Part II

Dividend Income

(See pages 26 and 69.)

Note: *If you received a Form 1099–DIV or substitute statement from a brokerage firm, enter the firm's name and the total dividends shown on that form.*

			Amount
5	List name of payer	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9.	6	

Schedule 2 (Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care Expenses for Form 1040A Filers (P) 1994

OMB No. 1545-0085

Name(s) shown on Form 1040A | Your social security number

You need to understand the following terms to complete this schedule: **Qualifying person(s), Dependent care benefits, Qualified expenses,** and **Earned income. See Important terms** on page 70.

Part I

Persons or organizations who provided the care

You MUST complete this part.

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see page 72)

(If you need more space, use the bottom of page 2.)

2 Add the amounts in column (d) of line 1. 2

3 Enter the number of **qualifying persons** cared for in 1994 . . . . ▶ ☐

Did you receive dependent care benefits?

- NO → Complete only Part II below.
- YES → Complete Part III on the back now.

Part II

Credit for child and dependent care expenses

4 Enter the amount of **qualified expenses** you incurred and paid in 1994. DO NOT enter more than $2,400 for one qualifying person or $4,800 for two or more persons. If you completed Part III, enter the amount from line 25. 4

5 Enter YOUR **earned income.** 5

6 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see page 73); **all others,** enter the amount from line 5. 6

7 Enter the **smallest** of line 4, 5, or 6. 7

8 Enter the amount from Form 1040A, line 17. 8

9 Enter on line 9 the decimal amount shown below that applies to the amount on line 8.

If line 8 is— Over	But not over	Decimal amount is
$0	10,000	.30
10,000	12,000	.29
12,000	14,000	.28
14,000	16,000	.27
16,000	18,000	.26
18,000	20,000	.25
20,000	22,000	.24
22,000	24,000	.23
24,000	26,000	.22
26,000	28,000	.21
28,000	No limit	.20

9 × .

10 Multiply line 7 by the decimal amount on line 9. Enter the result. Then, see page 73 for the amount of credit to enter on Form 1040A, line 24a. 10 =

Caution: *If you paid $50 or more in a calendar quarter to a person who worked in your home, you must file an employment tax return. Get Form 942 for details.*

BEST COPY AVAILABLE

Name(s) shown on page 1 | Your social security number

Part III

Dependent care benefits

Complete this part only if you received these benefits.

11 Enter the total amount of **dependent care benefits** you received for 1994. This amount should be shown in box 10 of your W-2 form(s). DO NOT include amounts that were reported to you as wages in box 1 of Form(s) W-2. — 11

12 Enter the amount forfeited, if any. See page 74. — 12

13 Subtract line 12 from line 11. — 13

14 Enter the total amount of **qualified expenses** incurred in 1994 for the care of the qualifying person(s). — 14

15 Enter the **smaller** of line 13 or 14. — 15

16 Enter YOUR **earned income.** — 16

17 If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the line 6 instructions); if married filing a separate return, see the instructions for the amount to enter; **all others,** enter the amount from line 16. — 17

18 Enter the **smallest** of line 15, 16, or 17. — 18

19 **Excluded benefits.** Enter here the **smaller** of the following:
- The amount from line 18, or
- $5,000 ($2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 17).

— 19

20 **Taxable benefits.** Subtract line 19 from line 13. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, write "DCB." — 20

To claim the child and dependent care credit, complete lines 21–25 below, and lines 4–10 on the front of this schedule.

21 Enter the amount of qualified expenses you incurred and paid in 1994. DO NOT include on this line any excluded benefits shown on line 19. — 21

22 Enter $2,400 ($4,800 if two or more qualifying persons). — 22

23 Enter the amount from line 19. — 23

24 Subtract line 23 from line 22. If zero or less, **STOP.** You cannot take the credit. **Exception.** If you paid 1993 expenses in 1994, see the line 10 instructions. — 24

25 Enter the **smaller** of line 21 or 24 here and on line 4 on the front of this schedule. — 25

BEST COPY AVAILABLE

COMMONWEALTH OF PENNSYLVANIA

1994 Resident Individual Income Tax Return

PA 40A

PA-40A (9-94)

OFFICIAL USE

FILING STATUS: (Check One)
S ☐ Single
J ☐ Married, filing a joint return
M ☐ Married, filing separately
T ☐ Joint Claim For Tax Forgiveness
F ☐ Deceased, Date of Death _____ Final return

OCCUPATION:
Your Occupation
Spouse's Occupation

YOUR SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER (even if filing separately)

Last Name | First Name, Initial & Spouse's

Home Address

City or Post Office | State | Zip Code

RESIDENCY STATUS: (Check Only If A Part-Year Resident)
P ☐ Part Year Resident from _____ 1994 to _____ 1994

NAME/ADDRESS LABEL OPTION
☐ Check here if you paid a preparer and you only want to receive a name/address label next year

☐ Check here if this is a change of address from last year's return.

DAYTIME TELEPHONE NUMBER
( )

OFFICIAL USE

SCHOOL DISTRICT NAME (where you lived December 31, 1994) | SCHOOL CODE (See pages 34 and 35)

INDICATE HOW MANY OF EACH FORM OR SCHEDULE IS ATTACHED

ATTACH CHECK OR MONEY ORDER HERE

PAYMENTS AND CREDITS

TAX DUE OR OVERPAYMENT

1a. GROSS PA COMPENSATION	1a		Please Use Your Correct School District Code
1b. UNREIMBURSED EMPLOYE BUSINESS EXPENSES	1b		
1c. NET PA TAXABLE COMPENSATION	1c		
2. TAXABLE INTEREST	2		
3. TAXABLE DIVIDENDS	3		
4. NET GAIN OR [LOSS] FROM THE SALE, EXCHANGE OR DISPOSITION OF PROPERTY	4		Attach All Required Documents
4a AMOUNT OF EXCLUSION FROM LINE 20 OF PA SCHEDULE PA-19 (Do Not Include in Line 4)	4a		
5. TOTAL PA TAXABLE INCOME (Total Lines 1c, 2, 3, and 4. DO NOT DEDUCT [LOSSES])	5		
6. TAX LIABILITY Multiply Line 5 by 2.8% (.028)	6		
7. TOTAL PA INCOME TAXES WITHHELD	7		
ESTIMATED PAYMENTS AND CREDITS			
8a Credit From 1993 PA Return	8a		This Return Must Be Filed On Or Before April 17, 1995
8b 1994 Installment Payments	8b		
8c Payment with 1994 Request for Extension	8c		
8d TOTAL PAYMENTS AND CREDITS	8d		
9. TAX FORGIVENESS FROM PA SCHEDULE SP			
9a Dependents Claimed from Line 1, Part III of PA Schedule SP	9a		See Instructions For Reporting Estimated Credit And Claiming Tax Forgiveness
9b Eligibility Income from Line 3, Part IV of PA Schedule SP	9b		
9c Federal Adjusted Gross Income from Line 2, Part III of PA Schedule SP	9c		
9d TAX FORGIVENESS FROM LINE 8, Part IV of PA Schedule SP	9d		
10. TOTAL PAYMENTS AND CREDITS (Total Lines 7, 8d and 9d)	10		

# Forms W-2		
# Sched(s) UE		
# Sched(s) A		
# Sched(s) B		
# Sched(s) D		
# Sched(s) D-71		
# Sched(s) PA-19		
# of Sched(s) SP		

11. TAX DUE See Page 32 for instructions for paying your tax due. If less than $1.00, no payment is required	11	
12. OVERPAYMENT	12	Double Check Your Math
13a. Amount of Line 12 to be REFUNDED	13a	
13b. Amount of Line 12 to be CREDITED to YOUR 1995 ESTIMATED TAX ACCOUNT	13b	
13c. Amount of Line 12 to be DONATED to the WILD RESOURCE CONSERVATION FUND	13c	
13d. Amount of Line 12 to be DONATED to the U.S. OLYMPIC COMMITTEE, PA DIVISION	13d	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Sign here

Your Signature | Date | Signature of preparer, other than taxpayer, based on all information of which the preparer has any knowledge

X

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

X

Preparer's Telephone Number
( )

Date

BEST COPY AVAILABLE

Alphabetizing

Tasks

Level 1
The level 1 client is presented with dividers to put into alphabetical order.
Level 2
The level 2 client is presented with dividers to put into alphabetical order and place the cards in the proper alphabetical category.

Level 3
The level 3 client is presented with dividers to put into alphabetical order place the cards in the proper alphabetical category, and each category is alphabetized.

Materials & Equipment Needed

Card file
Alphabetical dividers
cards to be filed
Alphabetizing task list

Alphabet Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Client recognizes printed upper & lower case letters correctly		
2	Client copies printed upper & lower case letters correctly		
3	Client recognizes cursive upper & lower case letters correctly		
4	Client copies cursive upper & lower case letters correctly		

Alphabetizing

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

Task	Action	Comments
Arranges dividers in alphabetical order		
Places cards in proper category		
Places cards in alphabetical order		

Calendar

Tasks

Level 1
The level 1 client will perform the calendar tasks as read to them.

Level 2
The level 2 client will read and perform the calendar tasks. Help in reading the material may be given.

Level 3
The level 3 client will read and perform the tasks as outlined on the task sheet.

Materials & Equipment Needed

calendar
pencils
task lists
calendar card file

Calendar Tasks

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

Task	Action	Comments
Recognizes the names of the months		
Able to locate months of the year on the calendar		
Recognizes the names of the days of the week		
Able to name the days of the week		
Able to locate the days of the week on the calendar		
Able to locate a specific date on the calendar		
Able to name the day of the week of a specific date		
Able to put days of week in order using the calendar		
Able to name the months of the year using the calendar		
Names of the months of the year		
Able to arrange the months of the year in chronological order		
Names of the days of the week		
Able to arrange the days of the week in chronological order		
Able to give months of important holidays		
Writes Names of the months of the year in chronological order spelled correctly		
Writes Names of the days of the week in chronological order spelled correctly		
Able to give dates of important holidays		
Is able to explain Leap Year		
Able to equate number designations to months		

January	September	Thursday
February	October	Friday
March	November	Saturday
April	December	1
May	Sunday	2
June	Monday	3
July	Tuesday	4
August	Wednesday	5
6	7	8
9	10	11
12		

January	February
March	April
May	June
July	August
September	October

November	December
Sunday	Monday
Tuesday	Wednesday
Thursday	Friday
Saturday	

Calendar Blank

Calendar Worksheet

1. How many months are there in one year? _____
2. Name the months in order.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

3. How many days are there in one week? _____
4. Name the days of the week in order as they are found on a calendar.

_____ _____

_____ _____

_____ _____

_____

5. How many weeks are there in one year? _____
6. How many days are there in one year? _____
7. What is the first month of the year? _____
8. In what month is Christmas? _____
9. In what month is Labor Day? _____
10. In what month is Thanksgiving? _____
11. What month follows July? _____
12. What month is before September? _____
13. On a blank calendar worksheet, make a calendar for the first month of the year. Make Wednesday the first day of the month.
14. Make calendars for the rest of the year as in question 13.

Using Maps

Tasks

Level 1
The client will use a map to locate items listed on the task list as asked by the assessor.

Level 2
The client will use a map to locate items listed on the task list (Help may be given on the reading). The client will calculate distances between cites, etc. using basic addition and subtraction.

Level 3
The client will use a map to locate items listed on the task list. The client will calculate distances between cites, etc. using basic addition and subtraction. The client will also compute gasoline usage and cost of gasoline usage.

Materials & Equipment Needed

Pennsylvania road map
calculator (optional)
map reading task list
pencil

Using Maps Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Tasks	Action	Comments
1	Locates map index		
2	Locates mileage chart		
3	Locates symbol explanation		
4	Locates home town on map of Pennsylvania		
5	Locates cities on map index		
6	Uses map index to locate code for city		
7	Uses map code to locate city on map		
8	Uses map mileage chart to find distance between 2 cities		
9	Adds 2 or 3 digit numbers correctly		
10	Subtracts distances to find how much further it is from one city than another		
11.	Understands symbolism used on map		
12	Computes driving time for distance given		
13	Computes gasoline usage for a trip		
14	Computes the cost of gasoline for a trip		

Map Reading

Using a map of Pennsylvania, locate and answer the following questions:

1. Using the index on the map of Pennsylvania, locate the city of Harrisburg.

2. What do the red star (☆) and the other symbol beside the entry Harrisburg mean?

3. Why is the lettering of Harrisburg shown in red capital letters?

4. What is the code after the name Harrisburg used for?

5. Name this code for Harrisburg.

6. Locate Harrisburg on the map using this code.

7. Using the mileage chart, how far is it from Erie to Harrisburg?

8. Using the mileage chart, how far is it from Franklin to Harrisburg?

9. If you could average 50 mph, how much driving time would it take to drive from Erie to Harrisburg?

10. If your car gets an average of 22 mpg, how many gallons of gasoline will be needed for the round-trip from Erie to Harrisburg?

11. If the cost of the gasoline is $1.139 per gallon, what would be the approximate cost of the gasoline for the round-trip from Erie to Harrisburg?

Informal Notes, Friendly Letters, and Business Letters

Tasks

Level 1
The level 1 client will address an envelope, write an informal note, and a child's excuse for absence from school.

Level 2
The level 2 client will write a friendly letter.

Level 3
The level 3 client will write a business letter.

Materials & Equipment Needed

pens/pencil
envelopes
paper
Informal notes tax list

Informal Notes, Friendly Letters, and Business Letters Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Addresses envelopes as directed		
2	Writes informal note or invitation		
3	Writes excuse for child's absence from school		
4	Friendly letter return address		
5	Friendly letter date		
6	Friendly letter salutation		
7	Friendly letter body		
8	Friendly letter closing		
9	Friendly letter signature		
10	Business letter return address		
11	Business letter date		
12	Business letter inside address		
13	Business letter salutation		
14	Business letter body		
15	Business letter closing		
16	Business letter signature		

Postal Tasks

Tasks

Level 1
The level 1 client will fold and insert a letter into an envelope. The instructions will be given orally to the client.

Level 2
The level 2 client will weigh the letter and calculate the postage on both a digital and spring scale. The client may have help reading and interpreting instructions.

Level 3
The level 3 client performs all the tasks of the level 1 and level 2 client without help.

Materials & Equipment Needed

Letter to be folded and weighed
envelopes
digital postal scale
spring postal scale
postage chart
postal task list

United States Postage

First Class Mail		Third Class Mail
Single Piece	**Cost**	**Single Piece**
1st ounce	.32	1st ounce
Each additional ounce	.23	Each additional ounce
weight not exceeding (ounces)		weight not exceeding (ounces)
1	.32	1
2	.55	2
3	.78	3
4	1.01	4
5	1.24	5
6	1.47	6
7	1.70	7
8	1.93	8
9	2.16	9
10	2.39	10
11	2.62	11
over 11 ounces see priority mail	2.90	13
	2.95	16

Single Post Card **$.20**

Priority Mail: Single-piece Priority Mail

Up to 2 pounds	$3.00
Up to 3 pounds	4.00
Up to 4 pounds	5.00
Up to 5 pounds	6.00
over 5 pounds see Postal Bulletin 21893A	

Postage Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Correctly folds letter		
2	Correctly inserts letter into envelope		
3	Weighs letters on the digital postage scale		
4	Calculates postage from chart/digital scale reading		
5	Weighs letters on the spring postage scale		
6	Calculates postage from chart/spring scale reading		

Employment Applications

Tasks

Level 1
The employment application will be read to the client, and the application completed with information provided by the client. The client may use personal data notes to provide the information.

Level 2
The employment application is completed by the client with information provided by the client. Help reading the application may be given to the client. The client may use personal data notes to provide the information.

Level 3
The employment application is completed by the client.

Materials & Equipment Needed

*Employment application form
*pen/pencil
*employment application form task list

Task List For Employment Application

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Date		
2	Name Last		
	First		
	Middle Name/Initial		
3	Street Address		
	City		
	State		
	Zip code		
4	Social Security Number		
5	Telephone Area Code		
	Telephone Number		
6	Alternative Telephone Area Code		
	Alternative Telephone Number		
7	Educational History High School attended (name, city, state)		
	Diploma or degree		
8	Educational History Technical school attended (name, city, state)		
	Diploma or degree		
9	Educational History College attended (name, city, state)		
	Diploma or degree		
10	Activities		
11	Special skills		

12	Military History		
13	References		
14	Signature		

Last name First MI					For Personnel use only		Date of application	
Street address					Type(s) of work desired		Social Security number	
City State ZIP					Home telephone		Work telephone	
How were you referred to Blue Sky? (Circle only one.)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Open house	F Walk-in	G Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			
Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	
Reason for leaving			

Educational History

School name	Location (city, state)	Major course or subject	Dates attended From	Dates attended To	Graduated Yes	Graduated No	Degree
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

To be completed by applicant for office/clerical work		*To be completed by applicant for shop/plant work*	
Typing	☐ Yes ☐ No Words per minute:	Type of machines operated	Years experience
Dictation	☐ Yes ☐ No Words per minute:		
Computer skills	☐ Hardware ☐ Software		
Please list other skills and/or equipment/language experience you have acquired		List other shop/production skills	
		Served apprenticeship ☐ Yes Type: ☐ No	

Military Record

Branch of service From To

Present military affiliation:

☐ None ☐ Reserve (active) ☐ Reserve (inactive)

Kinds of training and duty while in service

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer? ☐ Yes ☐ No

Wage or salary required

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date Signature

If any of your educational or employment records are under other than the above name, please provide other names.

Shopping Skills

Tasks

Level 1
The level 1 student will point out the items in the advertisement as asked by the assessor, and will read the prices.

Level 2
The level 2 student will point out the items in the advertisement, read the prices and calculate the prices of the items.

Level 3
The level 3 student will find the items in the grocery list, calculate the prices, use the coupons, and calculate the total bill.

Materials & Equipment Needed

Grocery shopping guide from the newspaper
shopping task list
paper
pencil
calculator (optional)

Shopping Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Locates grocery items in store advertisement		
2	Relates price of selected item to assessor		
2	Prices selected item		
3	Calculates prices of number of selected items		
4	Uses coupon for selected items		
5	Prices item after using coupon		
6	Calculates final bill		

Shopping

- Use the grocery store advertisement.
- Find the following items from the grocery list.
- Calculate the prices.
- Use the coupons.
- Calculate the total bill.

2	loaves of white bread
1	2 liter bottle of Pepsi
1	3 lb. box of thin spaghetti
3	lbs. ground beef
1	can Shurfine corn
1	can Shurfine peas
1	can Shurfine carrots
1	can Shurfine green beans
1	half gallon of Shurfine ice cream
2	boxes saltines
3	12 oz. frozen orange juice

Medical History

Tasks

Level 1
The client is asked pertinent questions about his/her medical history, and the responses are recorded by the assessor. Personal data may be consulted.

Level 2
The client is asked pertinent questions about his/her medical history, and the responses are recorded by the client. Reading help may be given and personal data my be consulted.

Level 3
The client is asked pertinent questions about his/her medical history, and the responses are recorded by the client. Personal data my be consulted.

Materials & Equipment Needed

pen/pencil
Medical History task list

Medical History Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
	Able to answer questions as may be asked on a medical history at a doctor's office		
1.	Patient's name		
2	date		
3	Allergies to medicines		
4.	able to list medicines taken on a daily basis		
5	Able to list prior surgeries		
6	Able to list childhood diseases		
7	Understands and is able to indicate specific medical problems		
8	Understands and relates tobacco history		
9	Understands and relates alcohol history		
10	Understands and relates drug abuse history		
11.	Understands family medical history		
12	Understands bodily system history		

Past Medical History

Patient Name _____ Date _____

Please answer the following questions.

1. Do you have any allergies to any medications? If so, please list _____

_____

2. Are you taking any medications on a daily basis? Please list.

Drug Name	Strength	Dosage

3. Please list prior surgeries and dates._____

_____

_____

_____

_____

4. List any childhood illnesses (scarlet or rheumatic fever, et.) _____

_____

5. Please indicate medical problems currently being treated by a physician or having been treated in the past. Please √

_____ Diabetes
_____ Epilepsy
_____ Heart Disease
_____ High Blood Pressure
_____ Peptic Ulcer, Ulcer disease
_____ Other Please list

_____

6. Do you smoke cigarettes, cigars, or a pipe? _____If so, how many per day? _____ and for how many years?. Do you chew tobacco? _____

7. Do you drink alcohol? _____If so, how much per week? _____

8. Do any medical problems run in the family? Please √

_____ Hypertension
_____ Diabetes
_____ Heart Disease
_____ Cancer
_____ Diabetes

9. Do you have a cold or fever now? _____ yes, _____ no

Have you had a cold or fever in the past 3 weeks? _____ yes, _____ no _____

10. Do you have or have you ever had any of the following? If so, please √.

Heart and Vascular

_____ 1. hypertension
_____ 2. angina or chest pain
_____ 3. high blood pressure
_____ 4. palpitation of heart skipping
_____ 5. heart murmur
_____ 6. stroke
_____ 7. edema-ankle swelling
_____ 8. varicose veins
_____ 9. phlebitis of blood clots
_____ 10. other heart or circulation problems

Lung

_____ 1. bronchitis
_____ 2. emphysema
_____ 3. asthma
_____ 4. tuberculosis
_____ 5. sinusitis
_____ 6. hay fever
_____ 7. respiratory infections
_____ 8. shortness of breath
_____ 9. black lung
_____ 10. other lung problems

Other Systems

_____ 1. diabetes problems
_____ 2. thyroid problems
_____ 3. kidney or bladder problems
_____ 4. stomach of duodenal ulcer
_____ 5. heartburn or burping and having food or liquid come up in your mouth
_____ 6. arthritis - rheumatism
_____ 7. convulsions - epilepsy
_____ 8. dizzy of fainting spells
_____ 9. hepatitis/jaundice/liver problems
_____ 10. glaucoma
_____ 11 bleeding problems - anemia
_____ 12. psychiatric problems (mental)
_____ 13. back problems
_____ 14. alcoholism
_____ 15. drug addition
_____ 16. cancer - skin or other type
_____ 17. bone disorders
_____ 18. gout

Weight _____ Height

Application for Social Security Number Card or Replacement Card

Tasks

Level 1
The Social Security Application form will be read to the client, and the form completed with information provided by the client. The client may use personal data notes to provide information.

Level 2
The Social Security Application form is completed by the client with information provided by the client. Help reading the form may be given to the client. The client may use personal data notes to provide information.

Level 3
The Social Security Application form is completed by the client.

Materials & Equipment Needed

*Social Security Application form
*Social Security Application form task list
*pen

Task List For Social Security Number or Replacement

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Date		
2	Name Last		
	First		
	Middle Name/Initial		
3	Street Address		
	City		
	State		
	Zip code		
4	Social Security Number, if one was ever issued to individual		
5	Telephone Area Code		
	Telephone Number		
6	Name at birth if different than above		
7	Other names used		
8	Sex		
9	Citizenship/alien status		
10	Race/ethnic description		
11	Place of Birth city/town		
	state		
12	Date of Birth		
13	Mother's name at her birth		
14	Father's name		
15	If applying on behalf of someone /relationship		
16	Signature		

The following application for A Social Security Card (Original, Replacement or Correction) is available at your local Social Security Office, library, or may be obtained by mail. You may mail or take your evidence to the nearest local Social Security Office, but you must apply in person at a Social Security Office if :

1. You are age 18 or older and have never had a Social Security number before, or
2. You are an alien whose immigration documents should not be mailed.

SOCIAL SECURITY ADMINISTRATION

OMB No. 0960-0066

FORM SS-5 – APPLICATION FOR A SOCIAL SECURITY NUMBER CARD (Original, Replacement or Correction)

Unless the requested information is provided, we may not be able to issue a Social Security Number (20 CFR 422.103(b))

INSTRUCTIONS TO APPLICANT ▶ Before completing this form, please read the instructions on the opposite page. Type or print, using pen with dark blue or black ink. Do not use pencil. SEE PAGE 1 FOR REQUIRED EVIDENCE.

1 NAME TO BE SHOWN ON CARD — First | Middle | Last

FULL NAME AT BIRTH (IF OTHER THAN ABOVE) — First | Middle | Last

OTHER NAME(S) USED

2 MAILING ADDRESS (Street/Apt. No., P.O. Box, Rural Route No.)

3 CITY (Do not abbreviate) | STATE | ZIP | ZIP CODE

4 CITIZENSHIP (Check one only)
- ☐ a. U.S. citizen
- ☐ b. Legal alien allowed to work
- ☐ c. Legal alien not allowed to work
- ☐ d. Other (See instructions on Page 2)

5 SEX
- ☐ MALE
- ☐ FEMALE

6 RACE/ETHNIC DESCRIPTION (Check one only) (Voluntary)
- ☐ a. Asian, Asian-American or Pacific Islander (includes persons of Chinese, Filipino, Japanese, Korean, Samoan, etc., ancestry or descent)
- ☐ b. Hispanic (includes persons of Chicano, Cuban, Mexican or Mexican-American, Puerto Rican, South or Central American, or other Spanish ancestry or descent)
- ☐ c. Negro or Black (not Hispanic)
- ☐ d. Northern American Indian or Alaskan Native
- ☐ e. White (not Hispanic)

DOB 6 DATE OF BIRTH ▶ MONTH | DAY | YEAR — AGE 7 — PRESENT AGE — PLB 8 PLACE OF BIRTH ▶ CITY (Do not abbreviate) | STATE OR FOREIGN COUNTRY (Do not abbreviate) | FCI ☐

MNA 9 MOTHER'S NAME AT HER BIRTH — First | Middle | Last (Her maiden name)

FNA FATHER'S NAME — First | Middle | Last

PNO 10
- a. Has a Social Security number card ever been requested for the person listed in item 1? ☐ YES(2) ☐ NO(1) ☐ Don't know(1)
- b. Was a card received for the person listed in item 1? ☐ YES(3) ☐ NO(1) ☐ Don't know(1)

▶ IF YOU CHECKED YES TO A OR B, COMPLETE ITEMS C THROUGH E; OTHERWISE GO TO ITEM 11.

SSN
- c. Enter the Social Security number assigned to the person listed in item 1. ☐☐☐–☐☐–☐☐☐☐

NLC
- d. Enter the name shown on the most recent Social Security card issued for the person listed in item 1.

PDB
- e. Date of birth correction (See instruction 10 on page 2) ▶ MONTH | DAY | YEAR

DON 11 TODAY'S DATE ▶ MONTH | DAY | YEAR

12 Telephone number where we can reach you during the day. Please include the area code. ▶ HOME | OTHER

ASO **WARNING:** Deliberately furnishing (or causing to be furnished) false information on this application is a crime punishable by fine or imprisonment, or both.

IMPORTANT REMINDER: WE CANNOT PROCESS THIS APPLICATION WITHOUT THE REQUIRED EVIDENCE. SEE PAGE 1.

13 YOUR SIGNATURE

WITNESS (Needed only if signed by mark "X")

14 YOUR RELATIONSHIP TO PERSON IN ITEM 1
☐ Self ☐ Other (Specify) _____

WITNESS (Needed only if signed by mark "X")

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

DTC (SSA RECEIPT DATE)	NPN	DOC
NTC / CAN	BIC / IDN	ITV ☐ MANDATORY IN PERSON INTERVIEW CONDUCTED
TYPE(S) OF EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW; DATE; DATE; DCL

Form SS-5 (11-86)
5/84, 1/85 and 8/85 editions may be used until supply is exhausted

3

BEST COPY AVAILABLE

HOW TO APPLY FOR AN ORIGINAL OR REPLACEMENT SOCIAL SECURITY NUMBER CARD

Before completing this application, read the information below, the completion instructions on page 2 and the Privacy Act information on page 4. The Social Security Administration does not charge a fee for Social Security cards and there is no need to pay anyone for this service.

WHERE TO APPLY

Mail or take your evidence documents and application to the nearest Social Security office. However, you must apply in person at a Social Security office if:

1. You are age 18 or older and have never had a Social Security number card before, or
2. You are an alien whose immigration documents should not be mailed.

EVIDENCE YOU WILL NEED

Social Security law requires that you furnish evidence of your age, identity, and U.S. citizenship or lawful alien status. Find one of the four categories below which applies to you and read the instructions carefully. If you apply for a Social Security number for your child or other individual for whom you are legal guardian or legal custodian, you must also furnish evidence of your identity (see list B Below).

You must submit original or certified documents as evidence — we cannot accept uncertified or notarized photocopies. We will return all documents submitted. NOTE: all documents submitted as evidence may be retained temporarily and verified with the custodian of the original records.

If you have any questions or need help in obtaining your documents, please call or visit your nearest Social Security office.

---

1. U.S. Citizen — Born in the U.S. — Applying for original Social Security number

Please submit one document from list A. and at least one from list B.

List A. Evidence of Age and Citizenship
One of the following records established before your 5th birthday:

- Public birth certificate (**This is the preferred document.** You should submit it if at all possible.)
- Religious record showing age or date of birth (To establish citizenship, it must have been recorded within 3 months of birth.)
- Hospital record of birth

If your birth was never recorded or the public record no longer exists, submit documents from list B for evidence of age and citizenship. At least one document must show your name, age or date of birth, and your place of birth. It should be at least one year old.

List B. Evidence of Identity
A public or hospital birth record is not considered evidence of identity. An identity document should contain enough information to identify you. Some items we look for on the document are name, age, address, signature, physical description and picture. Examples are:

- Identity card
- Driver's license
- Adoption record
- Insurance policy
- Youth organization record
- School record
- Medical record
- Work badge or building pass
- Military record
- Court order for name change
- Marriage or Divorce record
- U.S. Passport
- U.S. Citizen ID card
- Religious record (If not submitted as evidence of age)
- Any other document providing identifying data sufficient to establish proper identity.

2. U.S. Citizen — Born outside the U.S.—Applying for Original Social Security Number

If you were born outside the U.S. but are a U.S. citizen you should submit either:

a. U.S. consular report of birth (FS-240 or FS-545) and evidence of your identity (see category 1, list B);
OR
b. Your foreign birth certificate (if not readily available, another document showing age or date of birth) and one of the following:

- U.S. citizen ID card
- Citizenship certificate
- U.S. passport
- Certificate of Naturalization

3. Alien — Not a U.S. Citizen Applying for Original Social Security Number

If you are an alien living in or visiting the U.S., you should bring in your foreign birth certificate (if available) or passport and one or more of the following:

- Alien Registration Receipt Card I-151 or I-551.
- U.S. Immigration Form I-94 (and I-20ID, if applicable), I-181a, I-185, I-186, I-210, or I-586 (and I-444, if applicable)

NOTE: If you are a lawfully admitted alien *but not permitted to work* and you have a valid non- work need for a Social Security number, we will issue you a number if you present evidence of such need. However, the card will show that the number is not valid for employment. If you ever use the number in a job, we will notify INS. In addition, any information obtained in connection with this application can be given to INS.

4. Any Applicant Requesting a Replacement Card (Duplicate or Correction)

You must present at least evidence of your identity such as one or more of the documents in categories 1 (List B), 2 or 3. In addition, if you are foreign-born (or U.S.-born but no longer a U.S. citizen), you must submit evidence of your current U.S. citizenship or lawful alien status. After we examine your documents, you may be asked for additional evidence of your age, or U.S. citizenship or lawful alien status.

If you are changing your name, you must provide evidence identifying you under both your old and new names. We will accept one document if it shows both the old and new names or multiple documents if each shows only one name. If the name change is due to marriage or divorce, your marriage certificate or divorce decree is usually sufficient if it shows both your previous and new names.

Form SS-5 (11-86)
5/84, 1/85 and 4/85 editions may be used until supply is exhausted

82
BEST COPY AVAILABLE

IMPORTANT REMINDERS

EVIDENCE

An applicant for a Social Security number card must provide evidence of age, identity, and U.S. citizenship or lawful alien status. See page 1 of the application to see what evidence is needed.

All documents submitted as evidence must be either the originals or copies certified by the issuing agency. We do not accept uncertified or notarized copies.

PERSONAL INTERVIEW

An applicant must apply in person if he/she is age 18 or older and has never had a Social Security number card before.

COMPLETING THE APPLICATION

Type or print your answers on the application. **Use dark blue or black ink.** If you do not know and cannot find the answer to a question, enter the word "unknown" in the space for the answer.

INSTRUCTIONS FOR COMPLETING SOME QUESTIONS ON THE APPLICATION FORM

The instructions below are numbered to correspond with the numbered items on the application.

1. Enter your full name as you use it for work, school, or other official business. If you have a middle name, enter it in full in the space provided. Only your first name, middle initial and last name will appear on the card itself, unless you specifically request that we spell out your middle name.

   If your name has changed, show the name you were given at birth on the second line.

   If you have used any other name during your lifetime, show it on the third line. Do not include nicknames unless used offically at school or work. More than one such name can be shown.

2. Enter the address where you want your Social Security card mailed. If mail under your name is not normally received at the address which you show, use an "in care of" address. **Example: c/o J. Doe, 1 Elm St.**

3. Check the block which applies to you. If you checked "other," please submit a statement explaining your situation and why you need a Social Security number. (You may attach a separate sheet.)

5. See page 4 for more information about this question.

7. Enter your age as of your last birthday. If less than 1 year old, enter "0".

8. Enter the city and State where you were born. If you were born outside the U.S., show the name of the city and country. Please do not use abbreviations.

9. Enter your mother's full name at her birth. If your father's last name is different from your name at birth, please explain by writing, for example, "step-father" or "adopted father" after your father's name. If you have ever requested a card before, use the name of the same father, step-father, etc. you used when you first applied.

10. If the individual in Item 1 has applied for a Social Security card before but needs a revised or replacement card, check "Yes" in 10a and complete 10b - 10e. If the date of birth shown in Item 6 is different than the date given on any previous application for a Social Security number card, enter the previously used date of birth in 10e.

    If the individual in Item 1 never applied for a Social Security card before, check "No" in 10a and go to Item 11.

    If the individual in Item 1 doesn't know if he /she ever applied for a Social Security card before, check "Don't Know" in 10a and go to Item 11.

12. Enter a phone number where we can reach you or leave a message for you. Include the area code.

13. Sign your name as it is usually written. Do not print unless your usual signature is printed. If you are applying on behalf of someone else, sign your own name. If you cannot write your name, you may sign by an "X" mark. Two persons must sign as witnesses to your mark.

14. Check the block marked "Self" if you are completing the form for yourself. If you are completing the form for someone else, check the "Other" block and show your relationship; for example, "father" or "guardian."

BEST COPY AVAILABLE

Before we can give you a Social Security number, there is certain information we need from you. The Privacy Act of 1974 and the Paperwork Reduction Act of 1980 require us to give you the following facts when we ask for this information:

- Why the information is needed
- The legal authority for asking for it
- The information you are required to give
- The effects of not providing the information
- How the information will be used and to whom it may be disclosed

Why Information Is Needed

Your Social Security number is needed for us to keep a correct record of your earnings while you are working. It will also be needed if you die, retire or become disabled so that you or your survivors can receive benefits.

The information we request from you is necessary for us to:

- Assign you a Social Security number
- Issue you a replacement card if you lose your card
- Change information on your Social Security record
- Establish and maintain a record of your earnings, and
- Conduct research programs in income distribution and maintenance and health insurance.

Legal Authority to Collect Information

Section 205(c) of the Social Security Act authorizes us to collect the information needed to assign you a Social Security number and issue you a card. Section 702 of the Social Security Act authorizes us to collect the racial/ethnic information needed for statistical purposes.

Required Information

We need the following information to assure that the record we establish for you is your unique and individual record. Specifically, we need your:

- Name as you use it now
- Name at birth
- Place of birth
- Citizenship or alien status
- Date of birth
- Sex
- Mother's name at her birth
- Father's name
- Mailing address
- Signature

We also need to know if you have ever had a Social Security number.

Effects of Withholding Information

You have a right to refuse to give most kinds of information, but usually it is to your advantage to give us the information we ask for. Without it, we will be unable to keep an accurate record of your earnings under Social Security. This could possibly cause you to lose benefits in the future. In some cases, we cannot even give you a number without the information. This could mean you would be unable to get a job, since in most cases you need a number to work.

Disclosure of Information

Sometimes we must disclose information from our records without your written consent. This is done, however, only when necessary and when it is authorized by the law or regulations.

If you would like more information about your rights to privacy, ask any Social Security office for a copy of "Collection and Use of Information by the Social Security Administration" (Form SSA-5000).

Information Concerning Collection of Racial/Ethnic Information

The categories for race and ethnic background have been established by the Office of Federal Statistical Policy and Standards to assure uniform reporting to all Federal agencies. The categories are:

Asian or Pacific Islander

Persons having origins (ancestry) in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, the Philippine Islands, Korea, Samoa, etc.

Hispanic

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (ancestry), regardless of race.

Black or Negro (not Hispanic)

Persons having origins (ancestry) in any of the black racial groups of Africa.

American Indian or Alaskan Native

Persons having origins (ancestry) in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White (not Hispanic)

Persons having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East.

If you are of mixed racial/ethnic background, choose the category with which you most closely identify yourself.

Completion of Question 5.

While your failure to complete this question will not affect your obtaining a Social Security number, this information is important to find out how Social Security programs affect different groups of people in our Nation. It is also essential for preparing statistics to determine compliance with Federal civil rights laws. When used for this purpose, statistics are presented as summaries or other forms of information which do not reveal the names of individuals.

Telephone Skills

Tasks

Level 1
The client at this level demonstrates the ability to use the telephone when a number is given and to answer and take a simple oral message.

Level 2
The client at this level demonstrates the ability to use the telephone when a number is given, selects numbers from a personal number list, and to answer and take a simple written message.

Level 3
The client at this level demonstrates the ability to use the telephone when a number is given, selects numbers from a personal number list, telephone directory, and to answer and take written messages. The client will use the pages of the telephone directory to figure out less expensive times to use long distance.

Materials & Equipment Needed

telephone
telephone directory
client's personal telephone directory
arrangements with person to make or take telephone calls
message forms for incoming calls
pencil

Telephone Skills Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Tasks	Action	Comments
1	Demonstrates emergency 911 code		
2	Able to contact home to relate message		
3	Able to contact party when number is given		
4	Answers phone and is able to get correct party		
5	Able to handle a simple message orally		
6	Able to dial directory assistance for proper help		
7	Able to select proper number from simple listing		
8	Able to find listing for telephone numbers and addresses		
9	Able to contact party when no number was given		
10	Able to answer telephone and write simple message		
11	Able to use pay telephone		
12	Able to use telephone directory to locate and call service agencies		
13	Able to select proper number from telephone directory		
14	Able to find listing for telephone numbers and addresses		
15	Able to find more difficult numbers in the telephone directory		
16	Able to answer telephone and take complicated message		
17	Able to figure out local & long distance calls		
18	Able to figure out less expensive times to call long distance numbers		

Reference Sources Telephone

Find and record the addresses and telephone numbers for the following businesses:

Business	Address	Te
Metzger's Clothing Union City		
Humes of Corry		
First National Bank of Corry		
Columbus Ace Hardware		
Corry Area Chamber of Commerce		
Union City Chamber of Commerce		
Ye Olde Book Shoppe		
Mountains of Crafts & More		
Jamestown Electrical Supply		
Quality Market, Union City		

Reference Sources Telephone

Find and record the addresses and telephone numbers for the following businesses:

Business	Address	Te
Dragon's Tale Bookstore, Erie		
Tillman Florist, Erie		
First National Bank Grandview office		
Luchetti's Pizza Mckean		
Chamber of Commerce Erie Area		
Value City west side		
Martin Luther King Center		
Erie County Library Liberty Branch		
Blair Warehouse Outlet		
Quality Market, Liberty Plaza		

Catalog Order

Tasks

Level 1
No level 1 tasks.

Level 2
The level 2 client completes the order using the OfficeMax® catalog, uses a calculator to compute the prices, and phones in the order to the prearranged number. The client may be assisted by the assessor in reading and interpreting the materials.

Level 3
The level 3 client completes the order using the OfficeMax® catalog, uses a calculator to compute the prices, and phones in the order to the prearranged number. The level 3 client needs no additional help.

Materials & Equipment Needed

OfficeMax® catalog
order blank
list of supplies to be ordered
order blank task list
telephone
prearranged person to accept order
pen/pencil
calculator

Catalog Order Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Completes customer information section of order form		
2	Completes billing section of order form		
3	uses page numbers to complete order list		
4	uses catalog index to find supplies when page number not given		
5	correctly identifies quantity of each item ordered		
6	correctly fills in description of items ordered		
7	identifies color/size when necessary		
8	correctly identifies unit prices for supplies ordered		
9	computes total price for each item ordered		
10	computes total merchandise price		
11	completes phone call to place order		
12	uses correct phone call courtesy		
13	computes 6% sales tax for order		

Catalog Order

You are an office clerk at the ABC Company of 54321 East 54th Street, Erie, PA 16509. Complete purchase order # 115953 for the following items from the OfficeMax® catalog:

1 dozen Sanford dry erase markers, blue, broad tip
1 case $8\frac{1}{2}$ " X 11" Hammermill copy paper #196890 (p.2)
1 10/pk Acco #1 paper clips
3 12/pk Papermate stick pens: 1 pk blue med., 2 pk black fine
1 12/pk Bic metal point roller blue 0.4mm (p. 81)
1 bx Smead file folders, third cut, letter size (p. 28)
3 4/pk Acco hanging folder frames (p.33)

You will pick up the order and pay by company check.

Phone this order in as prearranged by the assessor.

Fax/Phone Order Form

COPY THIS FORM FOR EASE OF USE

OfficeMax

Fax Toll-Free To: 1-800-995-9644 or Call Toll-Free: 1-800-788-8080

CUSTOMER INFORMATION

ORDERED BY:

Contact Name: _____ Title: _____

Individual/Company Name: _____ Phone No.: ( ) _____

Address: _____ Suite/Apt.#: _____

City: _____ State: _____ Zip: _____ Purchase Order # : _____

Special Instructions: _____

BILLING INFORMATION

FORM OF PAYMENT (Check one)

☐ OfficeMax ☐ DirectMax Plus℠ ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Check

Authorized Signature: _____

Bank: _____

Credit Card Expiration Date: Mo. ☐☐ Yr. ☐☐

Charge Card Account Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Customer Type (Check all that apply)

☐ Tax Exempt ☐ MaxPerks ☐ Tax Exempt/MaxPerks

Customer Number

☐☐☐☐☐☐☐☐☐☐

ORDER LIST

Catalog Page No.	Order Number	Qty.	Description Of Item	Color/Size	Unit Price	Total Price
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					
	☐☐☐☐-☐☐☐☐					

Customer pick-up or delivery _____

Promotional _____ Amount _____

Coupon _____ Amount _____

Max Rebate Certificates _____ Amount _____

Total Merchandise Price	$
+ Tax	$
+ Delivery Charge	$
= Total	$

For orders faxed to us, we'll be happy to calculate and fill in the appropriate delivery charge, sales tax and total your order. To ensure next business day delivery, call or fax by 4 p.m. local time. (Available in most markets)

Substitutions acceptable? (Check one) ☐ Yes ☐ No

Thank You For Your Order!

FAX/PHONE ORDER FORM

BEST COPY AVAILABLE

Time Sheet

Tasks

Level 1
The client at level 1 is asked pertinent questions about the time card and the responses are recorded by the assessor.

Level 2
The client at level 2 is asked pertinent questions about the time card and the responses are recorded by the client.

Level 3
The client at level 3 fills in the time card without the assistance of the assessor.

Materials & Equipment Needed

pen/pencil
time sheet
clock or timepiece
time card task list

Time Card Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

.

	Task	Action	Comments
1	Name		
2	Tells time from digital timepiece		
3	Tells time from dial timepiece		
4	Recognizes and records what day of the week it is		
5	Recognizes and records what date it is		
6	Computes and records the amount of time between two times		
7	Computes weekly times (adds)		

Time Sheet

Name _____ Dept. _____

Clock Number_____ Social Security Number_____

Period From:_____ To:_____

Day	Date	In	Out	Lunch	Total
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
				Total week one	

Date	In	Out	Lunch	Total
			total week two	

Day	Date	In	Out	Lunch	Total
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
				Total week three	

Date	In	Out	Lunch	Total
			total week four	

Payroll use only: Reg _____ Sick_____ Vac.____ Holiday_____ Total _____

This report must be completed daily and signed at the end of each 4 week period.

_____ _____

Signature of client Date

Measurement

Tasks

Level 1
The level 1 client will measure length with a ruler and a tape measure, measure dry ingredients and liquids with measuring cups and spoons, and use spring and digit scales as directed orally.

Level 2
The level 2 client will measure length with a ruler and a tape measure, measure dry ingredients and liquids with measuring cups and spoons, and use spring and digit scales with help in reading and interpreting material.

Level 3
The level 3 client will measure length with a ruler and a tape measure, measure dry ingredients and liquids with measuring cups and spoons, and use spring and digit scales. No help is needed.

Materials & Equipment Needed

dry measuring cups
liquid measuring cup
measuring spoons
ruler or yardstick
tape measure
spring scale
digital scale
measurement task list

Measurement Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Demonstrates the use of a ruler to transfer measurements		
2.	Demonstrates the use of a tape measure to transfer measurements		
3	Demonstrates the use of measuring cups for dry ingredients		
4	Demonstrates the use of measuring cups for liquid ingredients		
5	Demonstrates the use of measuring spoons		
6	Demonstrates the use of a scale in measurement		

Measurement and Area

Tasks

Level 1
The level 1 client will measure length and width of table top or similar figure. The client will calculate the area with the calculator as instructed orally. Area equals length times width.

Level 2
The level 2 client will measure length and width of table top or similar figure. The client will calculate the area with the calculator as instructed. The client may ask for help in reading or interpreting the instructions.

Level 3
The level 3 client will measure and calculate the area of a table top or similar figure. No help is needed.

Materials & Equipment Needed

ruler or yardstick
tape measure
calculator
measurement and area task list

Measurement and Area Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Demonstrates the use of a ruler to transfer measurements		
2	Demonstrates the use of the calculator to calculate the area of a rectangular surface		
3	Demonstrates the use of measuring devices for capacity.		
4	Demonstrates the use of a calculator to find perimeter..		

Newspaper

Tasks

Level 1
The Level 1 client will be assisted by the assessor in the various tasks on the task list.

Level 2
The Level 2 client may be assisted by the assessor in the various tasks on the task list.

Level 3
The Level 3 client will do the assigned tasks without any help from the assessor.

Materials & Equipment Needed

newspaper
newspaper task list
newspaper instruction sheet

Newspaper Task List

0=Cannot do or too complex to do.
1=Accomplished with much assistance.
2=Accomplished with very little assistance.
3=Accomplished with no help.

	Task	Action	Comments
1	Locates and names the day and date of the newspaper		
2	Locates the various sections of the newspaper		
3	Uses the newspaper index to find various sections of the newspaper		
4	Reads headlines of lead items		
5	Locates the television schedule		
6	Relates daily television programming using schedule		
7	Uses movie section to relate various movies showing times and places		

List of Tasks to be Accomplished

Task	Presented	Level
Alphabetizing: Order alphabet		
Alphabetizing: Order file cards by first letter of last name		
Alphabetizing: Order file cards by name		
Calendar: Assign numbers to Months		
Calendar: Locate Months and Days of the Week on Calendar		
Calendar: Name and Locate Holidays		
Calendar: Name Months and Days of the Week Without aid of Calendar		
Calendar: Order Months and Days of the Week Without aid of Calendar		
Calendar: Recognize Months and Days of the Week on Calendar		
Calendar: Write Months and Days of the Week Without aid of Calendar		
Catalog Shopping: Order Compute Prices		
Catalog Shopping: Order Using Catalog		
Catalog Shopping: Telephone Order		
Employment Application: Completion		
Map Reading: Locate Map Code		
Map Reading: Locate Map Index		
Map Reading: Locate Mileage Chart		
Map Reading: Use Map Code		
Map Reading: Use Map Index		
Map Reading: Use Map Mileage Chart to Compute Distances		
Map Reading: Use Map Mileage Chart to Compute Gasoline Consumption & Cost		
Map Reading: Use Mileage Chart		
Measurement: Capacity		
Measurement: Compute Area		
Measurement: Compute Perimeter		
Measurement: Length		
Measurement: Weight		
Medical History: Personal Medical History		
Money: Count & Recognize		
Money: Make Change		
Money: Make Purchase with Change		

Newspapers: Locates Various Sections		
Newspapers:		
Personal History Form		
Postal: Folds and Inserts Letters		
Postal: Weighs on Scales & Records		
Postal: Computes Postage		
Shopping: Advertisement		
Shopping: Compute Prices		
Shopping: Use of Coupons		
Social Security: Card Application		
Taxes: 1040A		
Taxes: Earned Income Credit		
Taxes: Filing Requirement		
Taxes: Form		
Taxes: Use of Table		
Taxes:1040EZ		
Telephone: Message Taking		
Telephone: Simple Usage of Telephone		
Telephone: Use Telephone Directory		
Time Card: Completion		
Time Card: Computation		
Time Card: Digital Time Telling		
Voter Registration Form		
Writing: Address Envelope		
Writing: Recognizes & prints alphabet		
Writing: Recognizes & writes cursive		
Writing: Write Business Letter		
Writing: Write Friendly Letter		
Writing: Write Informal Note/Excuse		

Appendix

Rubrics for Scoring

Score	Rationale
Blank	Task was not assessed
0	The student could not do the task, or the task was too complicated.
1	The task was accomplished with much assistance and prompting from the assessor.
2	The task was accomplished with very little assistance or prompting from the assessor.
3	The task was accomplished with no assistance from the assessor.

A comments section on each task list is made available for use by the assessor.

Suggestions for Assessment Tasks

Personal Information Form

A sample form is included in the assessment, but any form that is used in the student's program could be used for this task.

Counting Money and Making Change

The student is asked to recognize various denominations of money, show relationships, and make change. The activities could be used in many ways for the assessment. The student may be viewed purchasing items in local stores, making change for the vending machines, or other activities within the daily routine of the student.

Voter Registration

The student completes the proper voter registration form for his/her area. In Pennsylvania, the forms are readily available at the library, court house, city hall, and township offices. It is optional whether or not the form is mailed.

Income Tax Forms

The tax forms and directions for completing these forms needed for this task are available at the post office, library, and tax office. All clients should have an idea if they need to file a tax return, or if they qualify for earned income credit.

Alphabetizing

This task is divided into two task lists. The first task list consists of the actual recognition and formation of letters of the alphabet. This list can be completed for activities and writing samples already completed by the student. The second list can be completed by asking the student to arrange in alphabetical order the divider cards used in a file box or cabinet, then placing items in the proper letter category, and finally arranging the cards in complete alphabetical order. The student may wish to compile his/her own address file.

Calendar

For this task the student is given simple tasks to do that require the use of a calendar. Depending on the level of the student, the task can be to prepare his/her own personal calendar. Sample master sheets for preparing self-help cards are provided giving the names of the months, days of the week, and numbers for arranging the months; as well as, a sample monthly calendar blank and a sample worksheet for use with a calendar.

Using Maps

A sample worksheet of tasks to be completed is included with this task list and Pennsylvania maps are readily attainable free of charge at visitor centers, the Chamber of Commerce, representative and senator's offices, and various government agencies.

Informal Notes, Friendly Letters, and Business Letters

The student is asked to complete various forms of written communication for this task list. The task can range from excuses prepared for a child's absence from school to business letters.

Postal Tasks

Using letters from the written communications tasks, the students are asked to fold and insert letters into the appropriate envelopes, weigh, and select the proper postage for mailing. A sample United States postage chart for computing the correct postage is included.

Employment Applications

A sample employment application is included, but many local companies and agencies make their applications available to educational facilities.

Shopping Skills

A sample grocery list is included with this task. The items are linked to a local advertisement and a box of cents-off coupons can be made available.

Medical History

A sample medical history from a local doctor's office is included with this task list. The student can be urged to prepare a personal medical history and one for each of his/her children.

Application for Social Security Number or Replacement Card

A copy of the form and the directions for completing the form needed for this task is provided. Original forms are available at the Social Security office and the library.

Telephone Skills

A sample of telephone directory tasks is supplied with this task list. Various phone calls can be placed and received by the student. The student could be asked to answer the phone and take messages for you as you complete other tasks. Students could be directed to use the telephone to obtain information concerning their lives or relevant to the classroom.

Catalog Order

The sample for this task list involved pacing an order for supplies from the OfficeMax® catalog for our education institution, but a retail catalog could be substituted.

Time Sheet

A sample time card is included with this task list. The student could be asked to keep track of his/her attendance in the classroom.

Measurement

The student could be asked to find various measurements within the educational institution and use those measurements to compute perimeter and area tasks. Dry and liquid measurement can be accomplished with the use of water and sand.

Newspaper

The local newspaper is used in this task. Different sections of the newspaper can be used in other tasks in this assessment, for example: use the shopping guide and coupons to prepare the grocery list. Birth and death announcements play an important part of small community life, and may be used to check times for services, provide an opportunity for written communication, etc.

Bibliography

Bibliography

Alternative Assessment: Evaluating Student Performance in Elementary Mathematics. Ann Arbor Public Schools. Dale Seymour. Palo Alto, Ca.: (1993).

Archbald, Doug A., and Fred M. Newman. Beyond Standardized Testing: Assessing Authentic Academic Achievement in the Secondary School. Reston, Va.: National Association of Secondary School Principals, 1988.

Archbald. Doug A. (1991). Authentic Assessment: What It Means and How It Can Help Schools. National Center for Effective Schools Research and Development.

Authentic Assessment in California (1989). Educational Leadership. April 1989. Vol. 20. p 6.

Bauer, Norman J. (1993). Instructional Designs, Portfolios and the Pursuit of Authentic Assessment. Paper presented at the Spring Conference of the New York State Association of Teacher Educators (Syracuse, NY, April 29-30, 1993). (Eric Document Reproduction Service ED363638).

Burke, Kay. The Mindful School: How to Assess Thoughtful Outcomes. Skylight, Palatine, Il.: (1993).

Hambleton, Ronald K. (1992). A Psychometric Perspective on Authentic Measurement. Applied Measurement in Education. 1992. Vol. 5, p1-16.

Ingram, Gregg F. (1980). Fundamentals of Educational Assessment. Van Nostrand. New York.

Kirst, Michael W. (1991). Interview on Assessment Issues with Lorrie Shepard. Educational Researcher. Mar. 1991. Vol. 20. p21-23, 27.

McLoughlin, James A. and Rena B. Lewis(1986). Assessing Special Students. Merrill, Columbus.

National Commission on Testing and Public Policy. From Gatekeeper to Gateway: Transforming Testing in America. Report of the Commission. Chestnut Hill, Mass.: The Commission , 1990

National Council of Teachers of Mathematics. Curriculum and Evaluation Standards for School Mathematics. Reston, Va.: The Council, 1989.

National Council of Teachers of Mathematics. Mathematics assessment: myths, models, good questions, and practical suggestions/edited by Jean Kerr Stenmark. Reston, Va.: The Council, 1991.

New Zealand Department of Education. Assessment Ideas in Mathematics Forms 3-7, Teachers Guide. Wellington, N.Z.: The Department, 1988.

Performance Assessment Sampler: A Workbook. Educational Testing Service, Princeton N.J.: (1993). Eric Document Reproduction Service ED361371).

Phi Delta Kappan 70 (May 1989). A major part of this journal is on assessment.

Popham, W. James. (1993) Circumventing the High Cost of Authentic Assessment. Phi Delta Kappan. Feb. 1993. Vol. 74. p470-73.

Standardized Tests and Our Children: A Guide to Testing Reform. (1990). Cambridge, Mass: National Center for Fair and Open Testing.

Wiggins, Grant. (1990) The Case for Authentic Assessment. (Eric Document Reproduction Service ED328611)

Wiggins, Grant. (1993) Assessment: Authenticity, Context, and Validity. Phi Delta Kappan. Nov. 1993. Vol. 75. p200-08, 210-14.

Worthen, Blaine R. (1993). Critical Issues That Will Determine the Future of Alternative Assessment. Phi Delta Kappan. Feb. 1993. Vol. 74. p444-48, 450-54.

Special Thanks

A special thanks to the following people of organizations, without whose help this project could not have been completed, for their cooperation in this project:

Ethel Fairchild, GECAC Senior Aide, Corry Adult Education
Northwest Tri-County Intermediate Unit

Patricia Gall, Volunteer, Corry Adult Education
Northwest Tri-County Intermediate Unit

Students who participated in the study

Library staff, Edinboro University Library

Math Resource Center Staff, Edinboro University

Chris Kemp and staff, Western Pennsylvania Adult Literacy
Resource Center

Staff, Adult Education Program,
Northwest Tri-County Intermediate Unit